PUBLIC HEALTH

LONDON: THE SOCIETY OF MEDICAL OFFICERS OF HEALTH
Tavistock House South, Tavistock Square, W.C.1

No. 2.-Vol. LXV. MONTHLY PRICE 2s. 6d. ANNUAL SUBSCRIPTION 31s. 6d. NOVEMBER-1951

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EDITORIAL

Social Workers in Mental Health

The recent report* of the Committee on Social Workers in the Mental Health Service (the "Mackintosh" report) underlines more problems than it solves. It describes the acute shortage of trained social workers, and one of the pressing problems of our age—the big and increasing demand for medical auxiliaries and the meagre supply. In the field of psychiatric social work there are some 330 trained workers, whereas the needs are more than 1,500. To these must be added the need for a still greater number of trained workers in the mental welfare field. From enquiries we have made it is appalling to realise that there are not a dozen local health authorities in the whole country who have the services of a psychiatric social worker. One of the many reforms needed is the redistribution of these workers; the regional hospital boards have had far too big a bite at the too-small cake. We know of one group of hospitals which employs no fewer than 24 P.S.W.s. Many important county boroughs and county councils have no trained workers to advise (and supervise) the growing mental health services which mean so much for the future happiness and efficiency of large numbers of our people.

In their terms of reference the Committee were charged with the examination of the supply, demand and training of P.S.W.s. They reveal fairly comprehensively, but, we must add, not incisively, some of the factors responsible for the poor supply, one-fifth of the real needs. The committee have performed a service in emphasising the lack of adequate status and financial reward; but we feel that this problem now calls for a specialised and separate enquiry. The report is readily critical of the medical profession for failing to acknowledge the value of skilled social workers as a central feature of an effective mental health service, a view with which we agree.

The ground to be covered was clearly too wide for fully detailed examination; the report covers the field, but to an uneven depth. It deals inadequately with the reasons for the wastage of qualified workers; it presupposes a depth of understanding on the part of the employers, of the function and needs of their mental health workers which in reality rarely exists. Last but not least, there is present throughout a marked bias towards Regional Hospital Boards as the leading authorities in the mental health field, whereas the local health authorities are of growing importance and efficiency, and have immense opportunities and responsibilities in the preventive sphere.

*Cmd. 8260. H.M. Stationery Office. Price 1s. 6d.

What constructive suggestions can be made to overcome the present shortage?

First, we might well remove, where they exist, pettifogging rules and regulations which affect, for example, superannuation. Regulations may penalise certain married women who temporarily give up active work. It is to the wastage of married women which we might first pay attention. As has been found in other fields (*e.g.*, with married women practitioners in maternity and child welfare) married women workers may bring, additional to their training, a valuable personal experience.

Secondly, the register which is published from the Association of Psychiatric Social Workers, recording all those, whether members or not, who hold a university qualification for psychiatric social work, should be better known. It might well be desirable for the Ministry to publicise this register.

Thirdly, better working facilities, such as office accommodation of minimum standards, might be prescribed for our workers. Local authorities do not always give adequate status and conditions of work to a senior officer, who may also be at a financial disadvantage with the staff which he is supposed to supervise.

Someone must try to redress the imbalance, both geographical and technical, in the distribution of the few, the very few, workers available.

The committee draw attention to the lack of suitable recruits at the source, such as at grammar school leaving level and suggest that the gap be partly filled by recruitment of old workers, members of the teaching profession for instance. Here we would urge examination of the possibility of interesting some mature women (and men?) from the business world, an untried source which might produce workers with realistic business sense, whose personal potentialities are not fully realised in the commercial sphere. Such people could obviously be attracted only by scope for full responsibility coupled with adequate remuneration.

The committee, in reviewing the existing service, hit the nail on the head when they stress the essential need for co-ordination as a means of economy in specialised personnel. Liaison is often lacking, not only between different strata of the service, but between departments and individuals in the same authority. For economy and efficiency, personal and informal liaison is desirable, allowing for free and constructive exchange of ideas to avoid danger that patients may actually suffer owing to conflicting views of different officers. It will be regrettable if the old rigidity of certain interdepartmental relationships, both in hospitals and local authorities, infects the developing mental health service.

The Regional Hospital Boards seem to be regarded throughout the report as the mainspring of the service, rather than the local health authorities, whose duties are less exactly defined. There is clearly urgent need for local health authorities (from whom the social service, particularly, could grow upwards to, rather than descend from, the remote hospital authorities) to become fully articulate about their mental health activities and to ensure a balanced understanding of their activities. Ultimate needs, in terms of numbers and treatment requirements, within the community should at least be as great as in the hospitals, especially when preventive work is more fully developed. The committee have not emphasised that local health authority staffs should themselves become fully adequate to provide necessary skilled help to Ministry of Labour resettlement officers, etc. The existence of many L.H.A. officers "highly skilled in their work" is acknowledged, such as, apart from P.S.W.s, exist in few hospitals, but if official registration is to be accorded to workers of "standing and experience" full and greater recognition in terms of rewards and status must be given to P.S.W.s.

The committee comment on the "strain and stress" of the D.A.O.'s statutory duties. It would be unfortunate if this suggested to the public or official mind that other mental health work brings full satisfaction. It should be known that mental health social work is often abortive or incomplete and the frequent necessity of accepting failure with equanimity is one of the many factors which justify greater rewards than at present, both in conditions (*e.g.*, holidays) and salary, for P.S.W.s.

There can, however, be no doubt about the heavy responsibility of D.A.O. work and it is to be regretted that no specific mention is made of the need for D.A.O. training. Many officers are still being appointed on their full scale with no previous mental health experience. It is realistic to acknowledge the difficulties, but in three years all L.H.A.s could have evolved D.A.O. training-in-service schemes and there is no reason for further delay.

The committee regard the present university training for P.S.W.s as adequate, with some amendments. We would stress also the desirability, for all grades of mental health workers, of better training in organisation than now exists, while recognising that administration as such will have little appeal for some workers. The committee properly stress the need for "in-service" training schemes, but probably do not sufficiently stress the need for safeguards, especially in short courses. There is strong evidence that some workers who attend short courses misuse the fact as evidence of their own suitability for the work, and convince themselves that only adverse circumstances prevent them from qualifying as P.S.W.s, whereas they may be in fact entirely unsuitable persons. Employing bodies have a responsibility to maintain steadfast awareness of the importance of quality, both in education and personality, for adequate mental health work. The question of education (indicating some degree of culture) becomes increasingly important with the more general use of the mental health service by all social groups. It is especially easy in this sphere for offence to be given by officials whose intelligence and standards are lower than those of the patients. We would suggest that, with very few exceptions, those who have not experienced a full "academic discipline" lack that emotional and intellectual discipline essential for mental health work in its intensive forms.

Suggestions for trainee schemes provide for probable regional supervision. The proposed consultative committee should be fully representative of regional interests and meet if possible outside London. The committee note the heavy overweighting of P.S.W.s in London, which, although diminishing, has undoubtedly retarded development of adequate services in the provinces.

A useful feature of the report concerns those mental health workers other than P.S.W.s for whom the committee recommend courses of training, including "in-service" training for those already holding appointments. New entrants should spend at least six months under the supervision of an experienced worker, if found satisfactory; in-service training for two years would follow.

The committee wish to restrict the title P.S.W. to those who hold university mental health certificates. They wisely urge that clerical duties and "odd jobs" should be cut out and that an effective and economical use be made of their time and skill in the work for which they have been trained.

How are we to find recruits for psychiatric social workers, and for this and that form of medical auxiliary? The "pool" of young women from whom the professions must draw their candidates is small. We have been reminded, in recent years, that the number of girls aged 18 is at least a quarter fewer than a dozen years ago, yet the demand of society for professional workers increases every year. There are far too many posts chasing too few candidates, with an ever-increasing spiral of salaries. The Minister of Health should give urgent attention to this problem of a fair allocation and "levelling-up" of distribution throughout the country.

Despite our criticisms we would affirm that this committee, under the able chairmanship of Professor J. M. Mackintosh, has made a real contribution in a field which is of ever-increasing importance, in concept and in practice, to public health.

PROGRESS IN IMPLEMENTATION OF THE AWARDS

The information available to the British Medical Association now shows that the majority of local authorities which were covered by the first award of the Industrial Court have implemented its recommendations for all their medical staff. The second Award being later in time and covering the large and complicated class of "mixed" appointments is still under consideration in many areas, so that the general picture of implementation is still incomplete. It is all the more important that Dr. Kelynack, of the B.M.A., should be kept informed of any development, including deferment of decisions.

The High Court's ruling in favour of South Shields Corporation's application for an order prohibiting the Town Clerk's salary claim being referred as a dispute to the Industrial Disputes Tribunal means that other means will have to be found of enforcing the recommendations of Whitley-type negotiating bodies for local government chief officers and for medical officers. The B.M.A. is closely concerned on behalf not only of the Public Health Service but also of consultants and general practitioners. Arbitration was one of the main heads of the recent first Interim Report by the Council of the Association* on the Amendment of the National Health Service Acts. The B.M.A. is recommending the setting up of a National Health Service Court of Arbitration with power to settle disputes on salaries or conditions of service referred to it by the Ministers or management or staff sides in respect of any section of the profession—this Court's findings to be legally binding and enforceable.

Until legislation can be introduced to bring about such an arbitrating body, public health medical officers will have to rely on the appeals machinery recently set out in the Medical Whitley Council's M.D.C. Circular No. 12, which is already being put to use with good results. There always remains the B.M.A.'s power to bring pressure to bear on recalcitrant authorities by the refusal to accept advertisements. Lastly, it should be remembered that however long individual medical officers have to wait to get their rights, the effective date will still be October 1st, 1950.

The Minister of Health, the Rt. Hon. H. F. C. Crookshank, M.P., has appointed Mr. A. R. W. Bavin to be his principal private secretary, and Miss P. M. Ibbotson to be his assistant private secretary.

Mr. Harold Macmillan, Minister of Housing and Local Government, has appointed Mr. J. E. Beddoe to be his principal private secretary and Mr. G. W. Moseley his assistant private secretary.

The Chadwick Trustees announce that the Bossom Gift Lecture will be delivered by Prof. William Holford, F.R.I.B.A., on "The Health of Cities: some problems arising from congestion and over-building," at the Royal Sanitary Institute on Tuesday, November 20th, at 2.30 p.m.; and the Malcolm Morris Memorial Lecture by Prof. Robert Cruickshank, M.D., F.R.C.P., D.P.H., on "The Epidemiology of Some Skin Infections" at St. Mary's Hospital Medical School, Norfolk Place, Praed Street, W.2, on Thursday, December 13th, at 4.30 p.m.

* *Supplement to the British Medical Journal* (October 13th, 1951), pp. 141–152.

OUR AFFINITY*

By W. G. CLARK, M.B., F.R.C.P. ED., D.P.H.,

Medical Officer of Health and School Medical Officer, City of Edinburgh

In seeking a subject for a presidential address the incumbent must consider if he can satisfy his audience and himself at the same time. He must consider whether he should talk on a technical subject which interests him closely or whether he should be classical and look backwards to find stimuli for forward movements, or, if the time is not such, that he should take some point of current importance and give his views on that point.

So much has been written about the Public Health Service since the National Health Service Acts were passed that I have thought it wise to look for a few moments at the machine within which we work.

Within recent months, while taking part in discussions, detestable to the ordinary practitioner of medicine, on salaries and conditions of service, one has realised fully, for the first time, that those who engage, pay and employ us look upon their medical staff not so much as doctors but rather as local authority officials. We have been told pretty bluntly that we must realise that our affinity is primarily with the other local authority officials and not with our medical colleagues in the other branches of the National Health Service. This attitude of mind of the Local Authority representatives is worthy of some examination as it is possible that therein lies the problem of the future, not only of the Public Health Service, but, even more important, of local authorities themselves.

It is not difficult to understand why the more short-sighted representatives of local authorities should think this way. Throughout their duties in their authority they are never far removed from officials. They are guided by officials into the policies they determine and they see their officials actively engaged in carrying out these policies. They see clerks, financial officers and all the galaxy of officials at meetings and among these even the medical officer is only another official. It is true they speak of him as " the doctor " and even on occasions seek his advice privately on any medical matter of active personal interest to themselves.

But many of our problems have now become so familiar to our elected representatives that they readily express their views, frequently very sound, on matters which a few decades ago were closed books to the laymen. They have become familiar with some aspects of our administrations and here again they voice their opinions on occasion. It is true to say that it is only when an area is faced with an outbreak of one of the major infections that the elected representatives readily grant their Medical Officer of Health a free hand and support him in every way possibe in his efforts to control the infection.

I believe that all this is right and proper, but is it not this very atmosphere of daily and familiar contact which has engendered the attitude of regarding us primarily as local authority officials rather than as highly qualified members of the medical profession ?

Then, too, but on another plane, are not the members of local authorities, yes, even some members of health committees, guilty of failing to assess properly the comparative values of curative and preventive medicine, and of the practitioners of these ? To the layman there is a glamour and excitement in curative medicine, a perfectly natural feeling, and the practitioners of this branch of the service come to be regarded with a certain amount of awe. Those of us who work in university towns must view with quiet amusement, but with understanding, the deference and respect given by local authority representatives to the opinions expressed by senior members of the university's medical staffs. It may be that we have used such colleagues to assist us in the promotion of some of our schemes, knowing full well that it was the quicker way to our goal.

Again, since the introduction of the National Health Service Acts the Hospital Service has been given a prominence and a priority which has placed it in the public eye at the pinnacle of the Health Service. Somewhat lower down the scale the public would place the general practitioner service, with which many of them are in daily contact, and finally, a long way down in prominence comes the Public Health Service which, although it serves each of the public every day in his life, is known to only a comparative few of the people, and then usually in terms of sanitation.

If these premises be correct, it is easy to understand why some local authority representative should think of us as offshoots from the medical profession with our affinity or kinship primarily to the other local authority officials.

Some of us may think that this attitude has been strengthened by financial considerations. The frank recognition by local health authorities of Public Health Medical Officers as full active medical members of a comprehensive National Health Service would inevitably lead to an upward revision of the Industrial Courts' awards and local authorities would be forced to review the salaries of their other officials.

Apart from the fact that there are no other local authority officials who are officials in a National Service as we are, a fact which places us in a different position from our local authority colleagues, it is surely fair to ask : What standard of service does a local authority demand from its officials ? And secondly, what future do the local authorities desire for themselves ?

Most of us believe in the ideals of democracy and some of us believe in local authorities. One remembers asking a Minister of the Crown at a meeting called to discuss the make-up of the National Health Service " How, in this proposed service, will a simple citizen, who thinks he has been wronged, get his alleged grievance investigated ? " A prolonged and heated discussion ensued before a solution was found, but even now the individual cannot have the same satisfaction as he would have had before the passing of the Acts when, if his grievance affected a local authority service, he had ready access to the officials and his elected representative and to the committees, if necessary, where the presence of the Press ensured full publicity.

It is my belief in the right of an individual to have his grievances investigated and remedied, if necessary, in an easy manner by a machine which represents the local people, which makes me a strong believer in local government. Perhaps it might be better said—a believer in strong local government. Therefore I am of those who view with real anxiety the insidious weakening of local government by the whittling away of their powers, not only in the Health Service. Many of us believe that local authorities were not given their proper place in the National Health Service. Some of us think they were sacrificed to meet a political expedient. To most of us, the transfer of local authority hospitals to the Regional Boards was a mistake but to all of us, I think, the inclusion of the infectious diseases hospitals in the transfer was a tragedy. These institutions had been the pride of local authorities for generations. The appropriate committees had managed them efficiently and knew their proper place in the local structure for controlling infections. The mere fact that the doors of the infectious diseases hospitals could not be opened wide to visitation by the local people surely demanded that they should be administered by local representatives of the people, answerable and responsible to the people. Would the local authorities be in the position they are to-day in the National Health Service had they been strong, sure of themselves, united and, above all, representative of their peoples ? Would it have happened had there not developed a tendency to accept dictation from Central Departments where a tidily planned scheme assumes a greater importance than the needs of any locality ?

* Presidential Address to the Society of Medical Officers of Health, London, October 18th, 1951.

Since framing my notes for this talk I have read in the *Municipal Journal* an account of Lord Justice Denning's address to the Association of Municipal Corporations at Southport last month and have felt refreshed. A copy of the original should be placed in the hands of every local authority representative in Britain.

Most of you will have read the Lord Justice's address, but let me quote part of his ending :—

> " Always remember that the real function of a local authority is to represent the people. Only the elected representative can do that. The clerks and officials are not elected by the people. . . . Their knowledge and their services are invaluable and you can and should take their advice, especially on administrative matters.
>
> " But always have a mind of your own. Make your own decisions for the public good . . .
>
> " And never let your decisions be influenced by party interests. You are elected to represent all the people in the place and not merely a section of it."

Each one of us from our experience would agree with every word and they fit into my theme perfectly.

If the local authorities are to make their decisions for the good of the people they represent, they must make them on the very best advice possible and that postulates that their officials are, in their respective spheres, the best people available. The standard of local authority officialdom —be he town clerk, financial officer, engineer or medical officer—should be as high as that of the best in private or public practice. There can be no second best in local government if it is to survive and reassert its proper place in the lives of our peoples. We are not competing with other officials for seniority in local authority administration. I am glad to think that throughout our negotiations in the Whitley Council we constantly told the management side that we were fighting not for ourselves but for local government, its status and its future. We submitted that local authorities, as part of a comprehensive health service, could not hold their place unless their medical staffs were comparable in qualification, skill, financial reward and conditions of service to their colleagues in the other branches of the National Service. It may be that the management side were not ready to be convinced but I believe that as time goes on our views will come to be accepted as the inevitable corollary to an efficient local health service.

We of the Public Health Service were the guinea-pigs of the medical profession in Industrial Court procedure, and it is possible we suffered from that fact.

Be that as it may, it is correct to say that the question of our primary " affinity " is far from settled. We have no doubts—we are first, foremost and at all times members of our great medical profession. We all speak the same language, we read the same books and journals, we have the same aims and objects—the betterment of the health and environment of our people. We of this Society chose to enter the preventive branch of medicine after training in and practice of curative medicine. Our reasons for this choice may differ—personally, I was drawn to the infectious diseases—but not one of us thought for one moment that he was lessening his attachment to the medical profession or there would have been no public health service to-day. We frankly agree that membership of the Public Health Service carries with it certain privileges as compared with private medical practice. Before the passing of the Acts, we were one of the few salaried medical services with superannuation rights (though we could never obtain the same years of service as most other local authority officials, due to the training and experience required before we could enter the service). Our duties as a rule entail little night work, our hours are fairly regular and our annual leave causes little difficulty as a rule.

On the other hand, as public servants we have responsibilities which perhaps outweigh our privileges. We deal with committees, we are constantly preparing reports, we must keep abreast of medical progress, especially in the wide field of epidemiology, we must attend to the complaints of the people and constantly we are fighting against ignorance and apathy. I have practised both curative and preventive medicine and there is little to choose between them in either mental or physical strain. There can be no real dividing line between those who practise the two branches of the profession. They are complementary to each other.

At the present moment my department is working with general practitioners, and clinical and bacteriological specialists in a small epidemic which has broken out in a part of Edinburgh. During the past month over 40 people have had an infection characterised by sore throat, enlarged neck glands, malaise and temperature.

Some of the patients have been sharply ill, none has had a rash and none has been admitted to hospital even as suspected diphtheria.

Neither blood nor bacteriological examination has established a diagnosis yet. Clinically, it is suggestive of infective mononucleosis but serological results are negative so far. The story will be published if it proves of sufficient interest, but it is mentioned here because at no time has there risen between the members of the three branches of the service the question of their relative importance to the patients or the public's weal. It never has and it never could.

It would be folly to suggest that we have no affinity or kinship with the other officials of local authorities. Many of these officials are carrying out public health work—the water engineer, the education officer, the architect, the welfare officer, the baths superintendent, the officials in charge of sewage and refuse disposal and even the clerk who guides and assists us in many of our problems. Most Medical Officers of Health are medical officers to all the committees of the local authority and the closest affinity prevails among all the officials. But we differ from the other officials in being professional members of a national health service and we have a statutory position as medical practitioners and primarily we are members of that profession.

There is nothing new in our attitude. The point has arisen simply because of the general consideration of the terms of conditions of service, including remuneration, of the profession within the National Health Service. Some of the local authorities faced with quite substantial increases to their medical staff, with the inevitable repercussions on their other officials, suggest they cannot afford it.

If they cannot, certainly some other body will as the Public Health Service must survive and expand.

If " Curative Medicine is a confession of failure of Public Health " then the wards of our hospitals, general and mental, to-day show how much remains for public health.

The problem of the aged, accidents in the homes, and in the streets, mental welfare, the hazards of industry, blindness in premature infants, the epidemiology of organic disease, the intensification of the campaign against tuberculosis are but a few examples of work lying at our hands. And as I have said elsewhere, which one of us really knows how our people live in their homes, their work and recreation.

Recently, members of my staff have been associated with an investigation by the public health and social medicine department of our university of the structure, lives and sickness history of the people in one of our housing estates. The investigation is not yet completed, but already there is clear evidence that such investigations will show that much can be done by local health authorities to improve the lives of the people for whom they are responsible. The incidence of ulcers of the digestive track is marked, the difficulty of the pregnant woman in getting easy access to all the agencies which may help her is clearly apparent, while the lack of real co-ordination of the various branches of the health service is shown to throw unnecessary burdens on the individual.

Investigations such as this are fairly easy in a university town, but we know they are essential in most places if public health is to progress and throughout most of the

country only the public health staff are trained and competent to carry them out.

"Public Health is truly Medicine" and social medicine at that. It has played a great part in lengthening man's span of life and in making him healthier. I believe it has a great future, provided that local authorities recognise their responsibilities to the people who elect them as representatives and are prepared to assert their position as such.

May I digress for one moment? As one who will soon finish his active service, I might be permitted to express my views on two points which constantly give me thought.

First, I do not believe that party politics should enter into local government. Surely it is a much more personal and local service into which political differences should not enter. I know that local representatives try to be above party differences after election, but can the sting be entirely removed?

My other point is the absolute control which central departments have over local expenditure. The smallest experiment involving any expenditure necessitates sanction from above. The spectacle of our elected representatives, accompanied by their officials, waiting on some official of a central department to get authority to spend some of the ratepayers' money on a project which has been most carefully considered by a committee, has always impressed me unfavourably. We know the reasons for this control, grants-in-aid and the procedure of *ultra vires*, but this lack of independence is probably one of the reasons why some people are not prepared to enter local government as public representatives.

We as a Society have put on record our views of a Public Health Service. Local authority boundaries may have to be altered but I am of those who believe that the ordinary man can be served best by a body which he has elected to serve him and which is answerable to him. I do not believe in nominated bodies, however expert. The expert's place is as an adviser not as a maker of policy. The Public Health Service is only one part of the vast structure of local government, and those who advocate the nomination of doctors to the health committee should be content with co-option without voting powers.

But to end on my main theme. If local authorities are to take their proper place as health authorities, they must recognise their medical officers for what they are—doctors who have chosen public health as their career because they believe that in public health they can best help to make their fellow-men healthier and happier. They must be experienced and well qualified and recognised by their colleagues in the curative side as partners in the common task, and they must be recognised by local authorities as such. Our greatest affinity is with the common man, the man whom local authorities have been elected to serve, the man for whom only the best is enough.

THE ANNUAL DINNER

As previously announced, the Annual Dinner of the Society will be held at the Piccadilly Hotel, London, W.1, on Thursday, November 22nd next, at 7 for 7.30 p.m. The President for session 1951–52, Dr. W. G. Clark, will be in the chair, and it is hoped that the new Minister of Health (Capt. H. F. C. Crookshank, M.P.) and the Parliamentary Secretary to the Ministry (Miss P. Hornsby-Smith, M.P.) will be principal guests. The charge for tickets will be 25s. each (inclusive of coffee and gratuities, but not of wines, spirits and cigars). Members are asked to apply for tickets for themselves and their guests as early as possible to the Executive Secretary, Society of M.O.H., Tavistock House, Tavistock Square, London, W.1. Remittances should be forwarded with applications.

THE FUNCTION OF THE HEALTH DEPARTMENT*

By E. D. IRVINE, M.D., D.P.H.,

Medical Officer of Health, City of Exeter

"Words," says Conrad, "are the great foes of reality." On the other hand, O. Henry says, "We must have a concrete idea of anything even if it be an imaginary idea before we can comprehend it." And certainly we must use words to express an idea however much they may hide it.

Many times in addresses to public bodies, I have tried to put within a small compass the purpose of the health department and found it exceedingly difficult. And yet nothing would be more useful to us than some short but valid expression of this kind, if it be possible to find one; for it would be a yardstick against which could be measured new and even existing services of local authorities in order to determine whether or not, and to what extent, they lie within the function of our departments. Our aspirations must be tempered by realities. The Dawson Report postulated in 1920 the unified administration under the M.O.H. of all health services, both environmental and clinical, preventive and curative, in areas much larger than those of the county boroughs. But local government boundaries have changed very little, though functions and allocations of functions have been altered during the last few years almost out of recognition.

The Minister of Health, the Local Authority and the Medical Officer of Health are all creatures of statute. Though the health department is not mentioned in the law, it obviously attaches to the office of Medical Officer of Health. Parliament has not prescribed in any great detail our functions nor does it charge the local authority nor its health committee to allocate duties specifically to us or our departments though by Ministry circular and tradition a great many are invariably so dealt with.

It is not logical, however, that the disposition of important functions should be determined almost by chance. The Medical Officer of Health either *is* or is *not* the proper officer to carry them out. But we can pretty confidently say that in regard to the very important National Assistance, Act Part III functions, it is only when the former public assistance officer has been sick, about to retire, or to transfer to government work, that the local authority has placed the burden on the health department. Where there has been an active, energetic and efficient public assistance officer, then he has been entrusted with the work. I regard the children legislation as extravagant and badly conceived, but it has the virtue of being definite, if mistaken, in its allocation of functions.

By tradition and experience, health departments have been executively responsible for many services designed to improve the environment of the inhabitants of the area, and the Medical Officer of Health is required to inform himself and the local authority of all prejudicial factors. Increasing technical requirements have removed from his immediate scope some of these services, and that has been inevitable. Still he retains advisory rights in almost every field, but there is no mandate requiring local authorities to listen to him. There is an increasing tendency on the part of others to resent the advice of the M.O.H. in matters relative to housing, water supply, etc., and we can understand that even if we do not accept it. There is a not unreal danger that the question of unfitness of housing may be referred to others than ourselves. But by and large the advisory and executive functions of the health department in environmental hygiene are pretty well understood and accepted. They relate to inanimate things, though often involving control of human behaviour.

Coming to the more personal elements in the health of the community, affecting the very "living" of the indi-

* Paper read to the County Borough Medical Officers of Health Group, Society of M.O.H., Bournemouth, June, 1951.

viduals within the community, clarification of our obligations is necessary. The health of the individual is based on the health and well-being of the family. This was always true, but in the case of children and old people it has been impressed more and more in recent years. Dr. Butler has over and over again spoken of the "normal law of domesticity," the desirability of maintaining the individual within his family, and the family in its own home. Everything that can be done to support that is desirable. And it involves much more than a knowledge of clinical medicine.

We must recognise that the extent of the strictly clinical duties of the health department is declining and such duties as remain are increasingly being done by general practitioners on its behalf; they include work under Section 22 of the National Health Service Act; and sometimes in children's homes, old people's hostels, and factories. Our school health departments have comparable, though wider, clinical responsibilities which, however, have been much narrowed by the National Health Service Act. Of course, there is a great deal of immediately related work which I need not detail (home nursing, midwifery, etc.) and there is much that tails off into general assistance (home helps, ambulances). Quite specifically, we are excluded from the organisation of hospitals, largely because local authorities are too varied and usually too poor financially to organise them satisfactorily, and because of professional opposition; and also from the organisation of general medical, dental, ophthalmic and pharmaceutical services in which, it is worth noting, an individual contract is made between a member of the public and a professional person either for service over a period of time or for individual items of service—an example of private enterprise surviving within nationalisation. All *our* services by contrast are organised and collective, the public calling not on an individual but on the pool of staff.

Now the nation has, in fact, realised that the prevention of disease and the improvement of health depend not only on clinical skill but on social improvements which must now be related generally to the community and, in particular, to every home in distress.

Social assistance of various kinds may be needed and directed to the health, mental and physical, of the family. It seems to me that here lies the key to our problem, the definition of our scope.

Let us concentrate on this objective— helping people at home, to be fit at home, and to have homes fit to live in.

So that a definition of our place might be: "Subject to legislation, the health department should

> (*a*) keep itself informed, and keep the local authority informed, of all that is prejudicial to the health of the inhabitants, and protect so far as practicable the health of the community by improvement in the environment, either through executive or advisory action; and
>
> (*b*) by maintaining by all means available to the local authority, including where appropriate the co-ordination of voluntary effort, the health, physical, mental and social, of the individual within his family and the family within its home."

The moral and spiritual welfare of the family is equally important, but it is outside our scope. On this basis the health department, while respecting the rights of the family, would be responsible for the welfare of all children at home, of old people at home, and of the disabled at home, but would not be responsible for the dispossessed, the old no longer able to carry on at home, nor for any in residential homes.

Might we not be wise to forego a claim to the management of any residential institutions? It is true that maternity homes for normal cases and short-stay nurseries can probably be regarded as temporary extensions of the home. Though we should have a right to obtain admission of cases where we think it necessary, the problems of the institution or hostel are not really the problems of the home.

The present variety in the structure of local government does not affect these arguments, but a radical regrouping might alter our conceptions, and, leaving these duties within our sphere, enfold also the organisation envisaged in the Report of the Consultative Council on Medical and Allied Services (the Dawson Report), viz., the whole organisation of State clinical medicine.

This short paper is necessarily incomplete, and certainly inadequate; the problem is exercising many minds. I hope it is provocative, for without friction it is hard to strike the fire.

MALADJUSTED CHILDREN

The following Memorandum of Evidence has been submitted by the Society of Medical Officers of Health to the Committee on Maladjusted Children appointed by the Minister of Education.

The Society has expressed its opinion on Child Guidance several times during the last few years, notably in October, 1945, when it considered the report of the Sub-committee of the Association of Education Committees on a "Child Guidance Service" (PUBLIC HEALTH, January, 1946, page 56), and in October, 1948, when it was received in deputation by the Ministry of Education to discuss the Child Guidance paragraphs of Circular 179 (PUBLIC HEALTH, December, 1948).

It will be recalled that, from 1930 onwards, Dr. Crowley, of the then Board of Education, in successive issues of "The Health of the School Child," repeatedly urged Local Education Authorities to take up child guidance work. During the last 15 years or so the L.E.A.s have certainly attempted to follow his advice, going ahead with the work in spite of the difficulties of securing suitable staffs.

In the *Monthly Bulletin* of the Ministry of Health, October, 1943, Dr. Alford, of the Board of Education, outlined the requirements for child guidance clinics of L.E.A.s. He said, "Since a local education authority's child guidance clinic comes within the school medical services, the ultimate control and supervision is vested in the School Medical Officer and the staff of the clinic while working with it are members of his staff." (In "The Health of the School Child" for 1939-45 the Chief Medical Officer said that the main criteria of this article remained.)

In 1945 the Association of Education Committees issued its report proposing the setting up of a "Child Guidance Service" with the Educational Psychologist as the key person. The Society accepted that there might be a purely or mainly educational service and also a purely or mainly child guidance service "using the term in its accepted sense, *viz.*, to deal with the diagnosis and treatment of psychological deviations from the normal." This latter service, the Society maintained, should be under the administration of the School Medical Officer. This last condition is in line with the policy of the B.M.A., which in 1944 said that psychologists should not work in clinics under the direction of lay psychologists. (Supplement to *B.M.J.*, May 13th, 1944.)

In 1946 Dr. Blacker brought out his book on "Neurosis and Mental Health," published by H.M. Stationery Office, in which, although he acknowledged that he had not carried out investigations into the running of already existing child guidance clinics, he advocated that diagnosis might be done in "centres" of L.E.A.s and treatment in "clinics" of Regional Hospital Boards. This, apparently, became the accepted policy of the Ministries of Health and Education. A deputation from the Society vigorously opposed this idea of separation of diagnosis from treatment and it seemed that their representatives made an impression on the representatives of the Ministries, as Mr. Marris said that the hospital authorities had been advised by the Ministry of Health to use for their clinics the same premises as the centres of the L.E.A.s, and he asked L.E.A.s to let him know if there were any difficulties.

In the *Lancet* of December 6th, 1947, the Child Guidance Council opposed the Blacker scheme and said that child guidance clinics should be run by the School Health Service.

The British Paediatric Association, through Prof. Moncrieff, and the National Association for Mental Health, through Dr. Soddy, wrote a joint letter to Directors of Education in July, 1948, protesting against the entrusting of diagnosis, ascertainment and treatment of disorders in childhood to psychologists without medical qualifications.

In the following replies to Mr. Neylan's (the Secretary of the Minister's Committee) questions the word "unit" has been substituted for "centre" or "clinic" as the distinction is not accepted by this Society.

1. *What is understood by the term "maladjusted child"?*

The child showing difficulties, emotional, of behaviour or educational, which have failed or seem likely to fail to respond to ordinary social or educational treatment. From this definition we do not exclude children of subnormal intelligence, but we consider that such children cannot benefit satisfactorily from child guidance treatment.

2. *What is understood by the term "Child Guidance"?*

Child Guidance is concerned with the elucidation of the factors that may have caused maladjustment in a child as previously defined and involves essentially the employment of a team consisting of a psychiatrist, educational psychologist and psychiatric social worker, with a view to suggesting or giving appropriate treatment.

3. *The extent to which the Child Welfare Service find the Child Guidance Service or other psychological services of help.*

This varies in different areas and appears to depend upon the degree and expression of emotional disturbance, the individual views of the examining medical officer and the availability of the service.

4. *The extent to which the C.G. Service should cater for young persons over school age.*

There should be every opportunity for continuity of treatment after school age.

5. *The extent to which the C.G. Service is used by probation officers and magistrates and whether the proportion of cases referred is appropriate.*

The proportion varies generally and is probably increasing. The appropriate proportion is not known, and it is not possible to express an opinion on this part of the question.

6. *The extent to which the C.G. Service is used by the Children's Committee and whether the proportion of cases referred is high.*

Whilst in some areas the proportion appears to be high, this is a point on which we cannot express an opinion. We would recommend a nation-wide investigation on the matter.

7. *Is the team approach as originally the practice in C.G. clinics still desirable?*

The team approach is undoubtedly essential.

8. *Does the Case Conference serve a useful purpose?*

Yes.

9. *Who is to be in administrative charge of the centre?*

The Child Guidance unit should be under the control of the local education authority with the School Medical Officer administratively responsible, but the psychiatrist should be responsible for its clinical activities.

10. *What is the function of the "Educational Psychologist"?*

To assess the child's ability and his response to education. He should be able to advise on all matters concerned with the child's education and should act as liaison officer with the school. He should especially interest himself in the educational treatment of backward children and of children receiving special educational treatment.

With regard to treatment, his training does not fit him for this unless he has had special training and experience. In any case he should not be empowered to carry out any form of treatment without prior reference to the psychiatrist.

He is particularly qualified by his experience in teaching and training in psychology to undertake and supervise any remedial educational treatment for maladjusted children and to advise teachers upon the appropriate education in the schools.

His training and experience do not fit him to undertake the supervision of a child guidance unit.

11. *The number of cases and size of school population which can be dealt with by one C.G. Centre, and with what staff?*

This question is unanswerable. Probably one unit could deal with 150 to 250 cases a year for diagnosis, but only a small proportion of these cases would receive treatment.

We think that it is reasonable to suggest the following staff for a school population of 50,000 children :—

One psychiatrist—whole-time.

Two educational psychologists—devoting all their time to child guidance work.

Three psychiatric social workers.

Or the equivalent as a basis. Together with such other auxiliaries as may be thought desirable.

12. *What is the best way of dealing with large lists?*

This question is unanswerable.

13. *Are they becoming unmanageable? What proportion of cases referred are being dealt with?*

It is impossible to answer this question. There is a constant danger of the lists becoming unmanageable owing to shortage of staff.

14. *Is it desirable to "screen" cases before reference to the Child Welfare Centre? If so, who should do the screening?*

Yes. A medical officer working in close co-operation with the psychiatrist.

15. *Are there adequate arrangements for Specialist examination of physical conditions?*

Generally the arrangements are not adequate, although in some areas they are quite adequate.

16. *Should Speech Therapy be available?*

Yes.

17. *How far should the service be used for vocational guidance?*

Vocational guidance should be available but not normally be a function of the C.G. unit, although from time to time advice on certain children known to the C.G. unit may be useful.

18. *To what extent is the Service appreciated by parents and teachers?*

It is greatly appreciated by both parents and teachers.

19. *How far can and do the teachers help in the treatment of these children? Are courses of lectures to the teachers helpful or otherwise?*

The teachers can and do help very considerably. Their co-operation can best be secured through the educational psychologist. Occasional lectures to teachers on the functions of the C.G. unit are most helpful, but it is not to be hoped that teachers can be trained in child guidance work by courses.

20. *Has the relationship between C.G. Centres and Clinics outlined in Circular 179 and amplified in the discussion published in* PUBLIC HEALTH *(December, 1948) worked out satisfactorily?*

There is no indication of any tendency to recognise the difference between these two kinds of child guidance work. It would be impracticable and, if enforced, would have led to much wastage of staff. The separation of diagnosis and treatment is no more possible in child guidance work than it is in other branches of medicine.

21. *Have relations with the Regional Hospital Boards and other authorities interested in mental health services been satisfactory?*

Yes. But more could be done.

22. *Where treatment is given by clinics associated with children's or other hospitals, is there a full exchange of records?*

This varies. In some the information is meagre, in others quite satisfactory.

23. *Experience with hostels. What is the best size and should they cater for one or both sexes?*

It is desirable that hostels should not be too large. From the point of view of economy, 12 children is probably the minimum ; 30 is the maximum.

For practical reasons separation of the sexes is desirable for children over eleven years of age.

24. *Any experience of combining C.G. Centres and Clinics?*

We do not recognise any practical difference between a centre and a clinic and we recommend that both terms be abolished and that the term " Child Guidance Unit " be introduced.

25. *How far is the C.G. Service now regarded as an integral part of the School Health Service, and should it remain so?*

It should be regarded entirely as an integral part of the School Health Service and should remain so.

26. *What, then, is the role of the School Medical Officer?*

The School Medical Officer should be administrative head of the child guidance service.

27. *What developments are suggested?*

(*a*) *Staff.*—Of paramount importance is the training of staff. There is a marked shortage of trained and experienced psychiatrists, educational psychologists, psychiatric social workers and lay psychotherapists (play therapists). All these workers should have training in child guidance work in a training school approved by some appropriate body such as the Ministry of Education.

(*b*) *Hostels.*—These are essential for certain maladjusted children. Their object should be curative and not punitive or simply places of safety. The cases for admission should be carefully selected by the School Medical Officer on the advice of the psychiatrist with this end in view.

There are considerable variations throughout the country in the proportion of staff to children, type of premises, size of hostels and appropriate cost. An authoritative body should attempt to tackle these questions.

Facilities should be provided for the training of staff.

Salaries and conditions should be reconsidered in the light of responsibilities.

(*c*) *Residential Schools.*—The Ministry of Education should go into the question of residential schools for maladjusted children.

(*d*) *Delinquents.*—The Ministry of Education should be urged to encourage the establishment of residential schools or similar institutions for maladjusted delinquents who cannot be retained in their own homes and yet require observation and treatment by a psychiatrist.

(*e*) *Severely Disturbed or Psychotic Children.*—Regional Hospital Boards with the support of the Board of Control should establish more children's units attached to hospitals for voluntary mental cases, for the observation and treatment or severely disturbed or border-line psychotic children.

(*f*) *Clinics and Centres.*—The recently suggested distinction between clinics and centres should be abandoned. It is neither theoretically sound nor practically possible. And, as mentioned in the answer to question 24, we recommend the use of the term " Unit."

(*g*) *Prevention.*—Teaching of the public in the psychological needs of children should be constantly carried out by means of the C.G. Units, the Press, the B.B.C., and the cinema. Of more doubtful value are lectures to parents. Personnel of children's homes would be helped by experience in hostels for maladjusted children.

Early treatment of neurosis or border-line psychosis of adults should be encouraged by family practitioners. Marriage Councils should be encouraged.

(*h*) *Special Schools for the Educationally Subnormal.*—The better provision of day or residential schools for educationally subnormal children would indirectly help by allowing for better provision for the somewhat dull or backward in ordinary schools.

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8. Officers must maintain an official record of their journeys, showing full particulars of and the reason for each, including the names of any official passengers carried.

9. Officers shall not use their own motor-cars on journeys when there is room in one of the local authority's cars or in the car of another officer making the same journey on the same business and as far as possible journeys over the same route by officers of a department should be arranged so as to synchronise.

10. Officers shall have included and maintain in their policy of insurance a clause indemnifying the local authority against third party claims arising out of the use of the vehicle on official business.

MOTOR-CAR ALLOWANCES

M.D.C. Circular No. 13, dated October 15th, 1951, and sent to all local authorities in England, Wales and Scotland, states that Committee C of the Medical Whitley Council have now adopted a scheme of car allowances for public health medical officers in England and Wales. The agreed scheme is set out below and the Committee recommend all local authorities in England and Wales to put it into operation with effect from October 1st, 1951.

The question of car allowances for public health medical officers in Scotland is still under consideration by Committee C and any agreement reached will be notified in due course. In the meantime, existing rules about car allowances should continue to apply. The enclosure is as follows :—

1. Officers will be eligible to receive allowances for the use of their cars on business only after being so authorised by the local authority, in accordance with such grading as the local authority may determine, *e.g.*, by reference to the nature of user, or horse-power of car considered appropriate.

2. The scale of allowances to be paid to authorised officers of a local authority for the casual use of private motor-cars whilst engaged on official duties shall be as set out below with the proviso that a casual user shall not at any mileage figure receive more than he would have done had he been receiving the essential user's allowance.

CASUAL USER ALLOWANCE

Rate per mile			
Not exceeding 8 h.p. or 1,014 c.c.	Exceeding 8 h.p. or 1,014 c.c. but not exceeding 10 h.p. or 1,214 c.c.	Exceeding 10 h.p. or 1,214 c.c. but not exceeding 12 h.p. or 1,414 c.c.	Exceeding 12 h.p. or 1,414 c.c.
d.	d.	d.	d.
6½	7½	8½	9½

N.B.—The horse-power basis only is to be employed in the case of a car registered before January 1st, 1947, and the cubic capacity factor only is to be employed in the case of a car registered for the first time on or after January 1st, 1947.

3. The authority shall have the right to require an officer to carry official passengers without any additional payment.

4. An officer whose employing authority so resolves, by reason of the fact that it is considered to be essential in the interests of the efficient conduct of the business of the authority, that the officer shall be permitted to use his private car in carrying out his official duties, shall be entitled to receive the lump-sum allowance and mileage rates set out below :—

ESSENTIAL USER ALLOWANCE

	Not exceeding 8 h.p. or 1,014 c.c.	Exceeding 8 h.p. or 1,014 c.c. but not exceeding 10 h.p. or 1,214 c.c.	Exceeding 10 h.p. or 1,214 c.c. but not exceeding 12 h.p. or 1,414 c.c.	Exceeding 12 h.p. or 1,414 c.c.
Lump-sum allowance	£ 42	£ 48	£ 54	£ 60
Rate per mile for first 7,200 miles per annum ...	d. 3¾	d. 4½	d. 4½	d. 5½
Excess over 7,200 miles per annum	2½	2½	3	3½

N.B.—The horse-power basis only is to be employed in the case of a car registered before January 1st, 1947, and the cubic capacity factor only is to be employed in the case of a car registered for the first time on or after January 1st, 1947.

5. Payments of the lump-sum allowance under paragraph 4 above shall be made by instalments so that the amount of the total payments on account shall bear to the lump sum the same proportion as the number of completed months of the annual allowance period bears to 12.

6. Public conveyances must be used on all appropriate occasions.

7. Journeys should be authorised by the head of department concerned or by some responsible officer nominated by him and claims for travelling allowance must likewise be submitted to and approved by the head of department or other responsible officer nominated by him.

(*Concluded at foot of preceding column*)

THE SOCIETY OF MEDICAL OFFICERS OF HEALTH

Notice of Annual General Meeting and Annual Reports of the Council, the Honorary Treasurer and the Editor of "Public Health," together with the Balance Sheet and Income and Expenditure Account, for presentation to the Annual General Meeting, November 22nd, 1951, at 5 p.m.

ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the Society will be held at Tavistock House, Tavistock Square, London, W.C.1, on Thursday, November 22nd, 1951, at 5 p.m.

AGENDA

1. Minutes.
2. Correspondence.
3. To receive the Annual Reports of the Council, the Honorary Treasurer and the Editor of PUBLIC HEALTH for the session 1950–51; and to adopt the Balance Sheet and Income and Expenditure Accounts for the year ended September 30th, 1951.
4. To authorise the Council to appoint the Auditors for the session 1951–52.
5. To appoint Messrs. Neish, Howell and Haldane as the Society's honorary Solicitors.
6. Election of Fellows (list of candidates below).
7. Nominations for the next election.
8. Any other business.

By Order,
G. L. C. ELLISTON,
Executive Secretary.

1*st November*, 1951.

CANDIDATES FOR ELECTION ON NOVEMBER 22nd, 1951

[The details given in the following list include (i) the Branch to which the member will belong, (ii) name and qualifications, (iii) address, (iv) appointment, and (v) in brackets, the names of proposer and seconder.]

FELLOWS:

Sc. Barclay, Charles Curror, M.B., CH.B. (ED.), D.P.H., M. & C.W. Clinic, Barrie Street, Methil, Fife, A.M.O.H., Fife (J. Riddell, P. W. R. Petrie).

Sc. Black, Stanley Alfred Briscoe, M.D. (ABERD.), D.P.H., D.T.M. & H., Public Health Office, Lerwick, Shetland, M.O.H., County of Zetland (J. Riddell, P. W. R. Petrie).

Sc. Caldwell, Arthur Stanley, M.B., CH.B. (GLAS.), D.P.H., 101, Kylepark Drive, Uddingston, Nr. Glasgow, A.M.O.H., Berwickshire (A. Allan, J. Riddell).

Sc. Cochrane, James Scott, L.D.S., R.C.S. (ENG.), 19, Fyrish Crescent, Evanton, Ross-shire, Chief Dental Officer, Mainland of Ross-shire (J. L. Horne, K. A. Macrae).

Y. Farooq, Mohammed, B.SC., M.B., B.S. (BOMBAY), M.R.C.S., L.R.C.P., D.P.H., D.T.M., Public Health Department, Municipal Buildings, Halifax Road, Dewsbury, Yorkshire, Dep. M.O.H., Dewsbury (T. W. Robson, J. M. Gibson).

N.W. Hughes, Tom Evans, M.R.C.S. (ENG.), L.R.C.P. (LOND.), Garreg Wen, Ala Road, Pwllheli, Caernarvonshire, A.M.O.H. & A.S.M.O., Caernarvonshire (D. E. Parry Pritchard, G. W. Roberts).

Met. Meade, Caroline Anne, M.B., B.S. (LOND.), D.P.H., 27b, Nottingham Place, London, W.1, Dep. M.O.H., Fulham (part-time) & A.M.O., L.C.C. (M. I. Adams, F. M. Day).

Mid. Nelson, Alastair Morrison, M.B., CH.B. (EDIN.), D.P.H., The Elbows, Tardebigge, Bromsgrove, Worcs., A.C.M.O., Worcestershire (C. Starkie, E. T. Shennan).

N.I. Simpson, John, M.B., CH.B. (GLAS.), D.P.H., 204, Malone Road, Belfast, N. Ireland, Lecturer in Preventive Medicine (J. C. Paisley, J. H. MacLoughlin).

N.I. Thompson, Irene Margaret, M.B., B.CH., B.A.O. (BELF.), D.P.H., 13, St. Ives Gardens, Stranmillis, Belfast, N. Ireland, Industrial Medical Research Worker, Queen's University, Belfast (M. I. Wilkinson, P. S. Burns).

Sc. Weir, Ian B. L., B.SC., M.B., CH.B. (GLAS.), D.P.H., 10, Alloway Road, Newlands, Glasgow, S.3, M.O., Central Division P.H.D., Glasgow (S. Laidlaw, W. A. Horne).

ANNUAL REPORT OF THE COUNCIL, 1950-51

New Members

During the past session three Honorary Fellows, 221 Fellows and eight Associates have been elected to membership. The number of new Fellows is the largest since the session 1920–21, a very satisfactory addition of strength, thanks to the efforts of Branch and Group Officers and of the central office.

Eighty-six resignations were accepted during the session, but it was possible to retain the names on the register of 26 members who have retired from active practice and who have subscribed to the Society for 30 years or more by their election to fully-paid Life Membership under Article 12.

Deaths

The Society mourns the deaths during the session of the following 19 members:—

Dr. W. S. Badger (formerly S.M.O., Wolverhampton).
Mr. Ernest W. Barlow, L.D.S. (formerly S.D.O., Swindon).
Dr. R. C. Davison (A.C.M.O.H., West Riding C.C.).
Dr. Constance I. Ham (Sen. A.M.O. (M. & C.W.) (Coventry C.B.).
Dr. F. C. R. Harvey (A.S.M.O., Newport C.B.).
Dr. Alexander Johnstone (M.O.H., Greenock B.C.).
Dr. James Mair (formerly M.O.H., Harrowgate M.B.).
Dr. Robert H. Makgill (Cons. M.O., New Zealand Health Dept.).
Dr. G. W. McIntosh (formerly M.O.H., Kirkcaldy and Dysart).
Col. C. H. Melville (formerly Prof. of Hygiene, R.A.M. College).
Dr. E. C. Pern (formerly M.O.H., Droxford R.D.).
Dr. A. E. Raine (Public Asst. M.O. & Deputy Director of Medical Services, Durham C.C.).
Dr. Christopher Rolleston (formerly C.M.O.H., Rutland & Soke of Peterborough, and Consulting Physician to Stamford and Rutland General Infirmary).
Dr. Clare O. Stallybrass (formerly Deputy M.O.H., Liverpool C.B.).
Dr. A. D. Symons (M.O.H., Shrewsbury M.B.).
Dr. R. H. Tait (Asst. M.O., S.E. Regional Hospital Board, Scotland).
Dr. A. E. Thomas (formerly M.O.H., Finsbury Met.B.).
Dr. J. G. Walker (M.O.H., Consett U.D. & Lanchester R.D.).
Dr. J. Sim Wallace (formerly Dental Surgeon, London Hospital)—Honorary Fellow.

Present Strength and Recruitment

Allowing for the above-mentioned gains and losses during the year, the strength of the Society at September 30th, 1951, was made up as follows:—

Honorary Fellows	...	13
Subscribing Fellows	...	1,775
,, Associates	...	119
Fully-paid Life Members	...	163
		2,070

As forecast in last year's report, the membership has again topped 2,000, and represents a very satisfactory proportion of the total strength of the Public Health Service. There still remain, however, a large number of whole-time public health medical officers who are eligible for membership. With the aid of the latest information of their staffs kindly supplied by medical officers of health, the central office has addressed several hundreds of invitations to apply for election to medical practitioners who are eligible for membership. Once again, we ask Medical Officers of Health to support this central campaign and where possible, to facilitate the attendance of departmental medical officers at meetings or courses organised by the Society.

Meetings Held During the Session

The Council have met on five occasions during the session, in London in November, 1950, February, May and September, 1951, and in Leeds on July 6th, 1951, where they were the guests

(*Continued on page 32*)

The Society of Medical Officers of Health

(Company Limited by Guarantee)

BALANCE SHEET

At 30th September, 1951

1950				1951					
£	s.	d.		£	s.	d.	£	s.	d.
			Special Funds—						
4,000	0	0	Mr. Berridge's Bequest ...	4,000	0	0			
150	0	0	Dr. Neech's Gift	150	0	0			
451	10	0	Furniture	—					
4,601	10	0					4,150	0	0
			Investment Reserve Account—						
103	12	2	Balance, 30th September, 1950	103	12	2			
—			*Less* Applied against Loss on Sale of Investments	103	12	2			
							—		
			Accumulated Income—						
7,087	6	7	Balance, 30th September, 1950	7,252	15	1			
Excess of Income			*Less* Excess of Expenditure over Income for the year ended 30th September, 1951 ...	803	11	0			
165	8	6							
7,252	15	1		6,449	4	1			
—			*Less* Balance of Loss on Sale of Investments...	34	14	4			
							6,414	9	9
			Neech Prize—						
			Accumulated Income:						
53	0	0	Balance 30th September, 1950	58	5	0			
5	5	0	*Add* Income for year ...	5	5	0			
							63	10	0
58	5	0							
			Current Liabilities—						
638	6	2	Bank Overdraft	1,005	3	10			
211	14	8	Sundry Creditors... ...	330	8	6			
94	10	11	Journal Subscriptions unexpired	87	10	6			
222	1	6	*Subscriptions received in advance*	—			1,423	2	10
1,166	13	3							

James Fenton, *Hon. Treasurer.*

G. L. C. Elliston, *Executive Secretary.*

£13,182	15	6					£12,051	2	7

1950				1951					
£	s.	d.		£	s.	d.	£	s.	d.
			Investments at Cost—						
659	9	6	£650 3½% War Loan ...	659	9	6			
250	0	0	£320 16s. 7d. 2½% Consolidated Stock... ...	250	0	0			
511	13	3	£500 3½% Conversion Stock	511	13	3			
509	9	6	£500 Birmingham 3% Stock 1956–58...	509	9	6			
5,600	0	0	£5,344 17s. 0d. 3% Savings Bonds 1960–70... ...	5,344	17	0			
1,500	0	0	£1,500 3% Savings Bonds 1965–75...	1,500	0	0			
2,000	0	0	£2,000 2½% Defence Bonds	2,000	0	0			
500	0	0	£524 2s. 10d. Brit. Elect. 3% Stock 1968–73 ...	500	0	0			
400	0	0	£400 3% *Savings Bonds* 1955–65...	—					
483	3	6	£500 *Manchester Corporation* 3% *Stock*	—					
12,413	15	9					11,275	9	3
			Market Value— 30th Sept., 1950, £12,124. 30th Sept., 1951, £10,439.						
			Furniture and Office Equipment—						
643	8	4	Valuation 30th June, 1948, plus additions at cost ...	1,240	2	7			
459	8	10	*Less* Depreciation and amounts written off...	523	6	3			
183	19	6		716	16	4			
			Less Furniture Special Fund transferred ...	451	10	0			
							265	6	4
—			Stationery Stock at Cost				65	0	0
521	18	11	Sundry Debtors and Payments in Advance ...				411	6	1
			Cash Balances—						
28	4	1	At Bank	27	8	10			
34	17	3	Cash in hand	6	12	1			
63	1	4					34	0	11
£13,182	15	6					£12,051	2	7

Report of the Auditors to the Members of the Society of Medical Officers of Health

We have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit. In our opinion, proper books of account have been kept by the Society so far as appears from our examination of those books. We have examined the above Balance Sheet and annexed Income and Expenditure Account which are in agreement with the books of account. In our opinion, and to the best of our information and according to the explanations given to us, the said accounts give the information required by the Companies Act, 1948, in the manner so required, and the Balance Sheet gives a true and fair view of the state of the Society's affairs as at 30th September, 1951, and the Income and Expenditure Account gives a true and fair view of the deficiency for the year ended on that date.

Deloitte, Plender Griffiths & Co.,
Auditors,
Chartered Accountants.

5, London Wall Buildings,
London, E.C.2.
19th October, 1951.

INCOME AND EXPENDITURE ACCOUNT

For the Year ended 30th September, 1951

EXPENDITURE

1950 £ s. d.		1951 £ s. d.	£ s. d.
	Premises—		
200 0 0	Rent	400 0 0	
3 17 5	Insurance	5 18 3	
22 17 2	Lighting and Heating ...	7 4 1	
50 19 1	Cleaning and Maintenance	75 11 6	
	Office Furniture and Equipment—		
26 0 6	Depreciation	63 17 5	
392 7 10	Additions written off...	—	
—	Removal Expenses, etc....	35 14 0	
696 2 0			588 5 3
	Staff—		
288 16 5	Executive Secretary (including Pension Contribution)	293 16 5	
1,316 9 11	Office Staff	1,538 6 0	
68 12 0	National Insurance ...	68 16 5	
26 10 0	Pensions	57 10 0	
1,700 8 4			1,958 8 10
	General—		
103 2 6	Roll of Members Printing	—	
238 16 3	General Printing and Stationery	373 5 1	
186 1 10	Postage and Telephone...	206 2 5	
56 3 3	Miscellaneous Expenses	155 15 6	
19 2 6	Library	38 8 3	
52 10 0	Auditors' Fee	52 10 0	
717 7 3	Travelling Expenses ...	848 6 1	
5 5 0	Neech Prize	5 5 0	
114 5 5	Dinner	130 8 8	
1,492 14 0			1,810 1 0
	Production of Journal (for Receipts see contra)—		
1,401 19 0	Printing	1,496 6 3	
29 5 0	Reprints	42 6 6	
250 0 0	Editor	250 0 0	
60 6 8	Editorial Contributions	39 18 3	
150 0 0	Clerical Assistance ...	176 0 0	
—	Libel Insurance ...	12 5 10	
171 11 0	Postage	177 6 2	
43 0 0	Commission on Advertising	18 13 0	
2,106 1 8			2,212 16 0
	Proportion of Subscriptions Paid to—		
232 7 6	Branches	294 5 0	
272 6 2	Groups	281 15 0	
504 13 8			576 0 0
165 8 6	*Balance*: being excess of Income over Expenditure ...		—
£6,665 8 2			£7,145 11 1

INCOME

1950 £ s. d.		£ s. d.	1951 £ s. d.	£ s. d.
4,701 14 1	Subscriptions			4,737 15 5
198 12 7	Income Received from Investments (*less* tax) ...			190 0 6
	Journal Account—			
6 15 9	Sales	5 12 4		
300 15 9	Subscriptions	298 4 11		
21 19 6	Reprints	44 2 9		
1,435 10 6	Advertising	1,066 4 2		
1,765 1 6				1,414 4 2
—	*Balance*: being excess of Expenditure over Income for the year			803 11 0
£6,665 8 2				£7,145 11 1

Annual Report of the Council (*Continued from page 29*)

of the President and the Yorkshire Branch to luncheon. The General Purposes Committee met in London in October, 1950, January and April, 1951. Ordinary meetings were held on October 19th, 1950, when the President (Dr. J. M. Gibson) was installed and gave his presidential address entitled " Give Us the Tools " (see PUBLIC HEALTH, December, 1950, p. 9) and in February, May and September. At the February meeting, Dr. R. E. Atwater (Secretary, American Public Health Association), Dr. Brock Chisholm (Director-General, World Health Organisation) and Dr. George North, M.B., M.C., LL.D. (Registrar-General) were elected to the Honorary Fellowship ; and a paper on " Field Investigation of Prophylactis, with special reference to Whooping Cough " was read by Dr. Charles Cockburn, of the Public Health Laboratory Service, Medical Research Council. At the May meeting, the nomination of Dr. W. G. Clark, Medical Officer of Health, Edinburgh, as President for the session 1951–52 was received from the Council and his election was carried unanimously.

Important Matters Arising During the Session

A memorandum of evidence was prepared and submitted to the Committee of the Central Health Services Council appointed to report on co-operation between various branches of the National Health Service (PUBLIC HEALTH, February, 1951, p. 75). During the session a further memorandum of evidence was prepared on the relations between general practitioners and the public health service for another C.H.S.C. Committee appointed to report on the conditions of General Practice. Both these memorandums were communicated whilst in draft to the B.M.A. in accordance with the agreement as to co-operation on medico-political matters. A special Committee on Vaccination against Smallpox considered the policy, technique and materials of vaccination ; their recommendations were discussed by the Branches and Groups and, in their final form, adopted by the Council and published in PUBLIC HEALTH, August, 1951, p. 214.

There were several exchanges of view with the Ministry of Health about the proposed Tuberculosis Regulations to replace those of 1930. The Council throughout pressed for the retention of the Tuberculosis Register as an essential element in the control of the disease. The new Regulations had not yet appeared in their final form at the end of the session. Comments on the draft new School Buildings Regulations were forwarded to the Ministry of Education, drawing attention to several shortcomings in the sanitary requirements. Discussion also took place with the latter Ministry on the proposed new Form 8M, regarding periodic and special inspections of schoolchildren, and on the policy of periodic inspections in general. Written evidence was sent to the Ministry of Education's Committee on Maladjusted Children and oral evidence was subsequently invited. Evidence was also given to the Ministry of Food Departmental Committee on Manufactured Meat Products and on Meat Inspection.

Towards the end of the session, the first meeting was held of the Committee appointed to consider matters of research in which public health departments are involved. This committee had power to co-opt and has assembled a strong team of members with special knowledge to advise on research matters. It will not itself seek to initiate or conduct researches or surveys. It will be recalled that the Society is already associated with two national enquiries, one in association with the Ministry of Health and General Register Office, on the possible connection between virus infections occurring during the first two months of pregnancy and congenital defects, and the other in association with the Ministry of Health and Medical Research Council on the virology and epidemiology of poliomyelitis.

A special committee met on several occasions during the session preparing a draft statement on the Function of the Medical Officer of Health, which would set out, for the information of all interested persons, the full scope of the work which is and should be undertaken by the health department. All the Branches and Groups were asked to contribute their suggestions, and the memorandum drafted by the Yorkshire Branch was so comprehensive that it was used as the basis for the committee's work. This document will run to a considerable length and is now with the printers for final approval by the Council in the proof stage. The booklet incorporating the document will be circulated to all members in due course and to the local government, medical and lay associations and interested persons and to the Press.

Salaries and Conditions of Service

The past year has been a momentous one under this heading, as it has seen the setting up, after long delays, of the Whitley machinery to deal with Public Health Service salaries and conditions and the issue of new recommended scales of salaries for both medical and dental officers serving local authorities. Whilst the actual results of the negotiations in Whitley Committee C and the awards made by the Industrial Court have not pleased everyone, they represent at least a first step towards the proper levels of remuneration for the Public Health Service. It will also be remembered that Whitley Committee C is a permanent body and that, after a decent interval, negotiations for improvement can be reopened by the staff side. We have expressed to the British Medical Association, on behalf of the Society, our gratitude for the large expenditure of time, energy and money made by the Association as the negotiating body of the Public Health Service ; and in particular for the untiring work of Dr. A. V. Kelynack, the Assistant Secretary of the Association who acts as Secretary of the staff side of Whitley Committee C. Special thanks have also been expressed to Dr. C. Metcalfe Brown, who has been unsparing in his service as Chairman of the staff side as well as of the Public Health Committee, B.M.A.

Refresher Courses and Clinical Meetings

The first course organised by the Society for Medical Officers of Health since 1939 was held at Cardiff from July 2nd to 6th, 1951, in co-operation with Prof. F. Grundy and the Department of Preventive Medicine, Welsh National School of Medicine, and Dr. J. Greenwood Wilson (M.O.H., Cardiff). The course is reported in PUBLIC HEALTH, October, pp. 14–15. We hope that it will be possible to hold a similar course each session with the collaboration of other university and health departments.

Clinical week-end courses were again organised by the Maternity and Child Welfare Group (Sheffield, May 4th to 6th, and London, June 30th and July 1st) and the School Health Service Group (Manchester, April 14th and 15th).

The Retiring President

Dr. John Gibson has in all respects upheld the traditions of the chief office in the Society. His presidential address, his speech at the Annual Dinner and his address to the Conference of Medical Officers of Health at the R.S.I. Health Congress held at Southport drew attention in on uncertain manner to the defects observed by the Public Health Service in the first two years' operation of the National Health Scheme. Dr. Gibson has long been known for his work for the Society and is establishing an equal reputation as a Public Health Service representative on the Council of the B.M.A. The Society owes him sincere gratitude for his leadership during his presidential year.

Other Officers and Chairmen of Committees

Sir Allen Daley has again earned the gratitude of the Society for undertaking the onerous post of Chairman of the Council for a further year. Dr. H. C. Maurice Williams was elected to the chair of the General Purposes Committee in succession to Dr. Gibson and has conducted the heavy business of that Committee with clarity and firmness. Dr. James Fenton has continued to serve as Honorary Treasurer and Dr. Frederick Hall, Prof. R. H. Parry and Dr. Williams served as Vice-Presidents. To all the above the Society's thanks are due.

Retiring Officers and Members of Council

Dr. Frederick Hall has completed his term as Vice-President and did not seek re-election to the Council. He has for many years given sound counsel, especially in regard to county council health administration, and it is gratifying to know that he will continue his association with the Public Health Service as Vice-Chairman of the Whitley Committee C. The annual elections also involve the retirement from the Council of the following : Mr. J. V. Bingay, L.D.S., Drs. P. V. Pritchard, J. C. Sleigh, E. H. R. Smithard, J. A. Struthers and A. L. Taylor. To all these gentlemen, several of whom have given many years' service to the Society, grateful thanks are due.

Staff of Central Office

In the past session pressure of business has continued to put a heavy strain on the office staff. Miss Beatrice Scotchford retired from the Society's service in April after 24 years' devoted work, particularly during the recent war, when she kept the Society's office in operation often single-handed. As there was no official pension scheme in her case, the Council decided to give her a weekly pension of £1 and a further payment of £500. Miss Scotchford was well known to many members and the Society's good wishes go to her in her retirement. The staff, in particular the Assistant Secretary, Mr. S. R. Bragg, have devoted particular efforts this year to recruitment, with a result shown in the opening section of this report.

REPORT OF THE HONORARY TREASURER

I beg to submit the audited accounts of the Society for the year ended September 30th, 1951.

It will be seen that the year's work has resulted in a deficit of £803 11s., a matter of concern to all members of the Society. A careful analysis of the figures, however, does show that a deficit of this nature is unlikely to recur.

The full benefit of the increase in membership mentioned in the Annual Report of the Council will not become apparent in the income derived from subscriptions until next year; but it has already resulted in an increase of £36 over last year's income.

Income from investments is down by £8 12s., due to an increase in the rate of income tax and to the realisation of £1,000 of securities to meet expenditure on furniture, etc., for the new offices, losses on journal account and the payment of a lump sum to Miss Scotchford (the actual payment of the latter does not appear in this year's accounts).

The result of the dispute in the printing industry in London, and in particular the absence of issues of the journal for the months of October and November, 1950, can be seen in the decrease of revenue on the journal account of £351.

The total income from all sources was £6,342 0s. 1d.—a decrease of £323 8s. 1d.

Turning to the expenditure side of the accounts, an all-round increase over last year is apparent.

The establishment of the Society in its new offices has resulted in an increase of rent, depreciation, insurance and maintenance charges of £264 10s., offset to some extent by a reduction in the cost of heating and lighting of £15 13s. 1d., making a net increase of £248 17s.

Staff salaries, etc., show an increase of £258 over last year's costs—the effect of the first full year's working of the new salary scales and the payment of a pension of £1 per week to Miss Scotchford.

General expenses have grown this year by a net amount of £320. The increases under the heads shown were—printing and stationery £135, postage and telephone £20 (due to increase in postage rates and to the recruiting drive), miscellaneous expenses £100, travelling expenses £131, annual dinner £16. Against these increases there was a saving of the expenditure on printing the Roll of Members which had involved £103 in the previous session.

The cost of the production of the journal has increased by £106 notwithstanding the absence of two issues of the journal, due, almost entirely, to the increased cost of printing and paper.

Group and Branch Grants show an increase of £72 due to the increased numerical strength of the Society and to the introduction of the minimum grant of £12 to all Branches and Groups.

That a deficit on the year's working of some £800 is unlikely to recur may be assumed, if we look at some of the non-recurring items which affect the accounts under review. Firstly, the dispute in the London printing industry cost us the advertising revenue booked for the two "lost" issues of PUBLIC HEALTH, some £300. The subsequent dislocation in the journal's publication dates necessitated separate printing and postage of notices which normally appear in the journal, this cost an extra £140 in the session. Other non-recurring items in this year's accounts, some of them arising from the removal to and equipment of the new offices, amount to about £125.

However, even if we make allowance for the above fortuitous or non-recurring items, we must face the fact that the full effect of increases in railway fares, postage rates and printing and paper cuts have not yet been felt. I feel that we must await the results of the current year's working before we consider any drastic measures in connection with the Society's finances but in the meantime we are putting certain measures of economy into operation.

There is one way in which all members of the Society can assist the Central Office and avoid unnecessary expenditure—that is by the payment, promptly on October 1st each year, of the correct amount of the annual subscription due. The Society, in October, 1949, increased the rates of subscription and in May, 1950, changed its bankers. Some members, however, are still paying at the old rate of subscription and many are still paying through the Midland Bank. We have had, therefore, to keep two banking accounts open, involving a wasteful expenditure of £16 16s. bankers' charges. One thousand four hundred and nineteen reminder notices have had to be sent to members in arrear and there is still outstanding a total of £123 7s. 6d. In postage alone the collection of subscriptions has cost over £15. If all members would pay their subscriptions by banker's order the Society would make a considerable saving in money on a year's working and obviate a great deal of unnecessary work in the office. I would, therefore, make a special request this year to all members to pay their subscriptions as soon after October 1st as practicable and if at all possible to pay in future by means of a banker's order.

JAMES FENTON,
October 30th, 1951. *Hon. Treasurer.*

REPORT OF THE EDITOR OF "PUBLIC HEALTH"

The story of Volume 64 of our journal has been a chequered one. The dispute in the London printing industry, which had caused delays in the latter issues of Vol. 63, came to a head when the October 1950 issue would normally have been going to press, and the stoppage continued for several weeks. Nos. 1 and 2 of Vol. 64 therefore took the form of single-sheet duplicated bulletins. Printed publication recommenced with No. 3, the December issue, but such was the after-effect of the stoppage that all subsequent numbers in the volume appeared several weeks late. Special efforts were made to compensate for the loss of editorial space in Nos. 1 and 2, and it will be seen that, by the end of the session, 236 editorial pages had been published, compared with 238 in the preceding volume. The loss of advertising revenue in Nos. 1 and 2 could not, however, be recouped and the effect on the Society's income and expenditure account is referred to in the report of the Honorary Treasurer.

PUBLIC HEALTH, like all other periodicals, is feeling the effects of the steep climb in the price of paper during 1951 and of increased printing and postal charges. The result is that it now costs about as much to produce an issue of 24 pages as it did to produce one of 32 pages only a few months ago. As the journal must not become a financial incubus on the Society's accounts, space will have to be seriously rationed. This means more, not less, work for the Editor, who will have to use the arts of compression on all material. Branch and Group Secretaries can greatly help by keeping the reports of meetings as condensed as possible.

G. L. C. ELLISTON,
October, 1951. *Editor of* PUBLIC HEALTH.

REPORTS OF MEETINGS

ORDINARY MEETING

An ordinary meeting of the Society was held in the Council Room of the B.M.A. on Friday, September 21st, 1951, at 12.45 p.m.

The chair was taken by the President (Dr. J. M. Gibson) and approximately 30 members attended.

Minutes of the ordinary meeting of the Society held on May 18th, 1951, were confirmed and signed.

Life Members.—The following were elected fully paid Life Members on the recommendation of the Branches and of the Council:—

Home Counties' Branch.—Dr. W. A. Muir (formerly M.O.H., Gillingham) joined the Society in 1919; Mr. George Woolford, L.D.S. (formerly School D.O., Twickenham), joined the Society in 1921.

Welsh Branch.—Dr. T. Baillie Smith (formerly M.O.H., Abertillery U.D.) joined the Society in 1919; Dr. H. E. Watson (formerly Med. Supt., S. Wales San.) joined the Society in 1920.

Election.—The following candidates, having been duly proposed and seconded, were then elected to membership:—

As Fellows.—Armson, Frank Gerald Arden, M.R.C.S. (ENG.), L.R.C.P.; Blott, Thomas Dibdin, M.B. (DURHAM), B.S.; Boucher, Hugh Benjamin, M.B., B.S. (LOND.), F.R.C.S., E.D., D.T.M. & H.; Bowden, Ruth Kennedy, B.SC., M.B., CH.B. (GLAS.); Brown, Alastair Melville, M.B., CH.B. (LIVERP.), D.P.H.; Brown, June Beatrice, M.B., CH.B. (BIRM.); Butler, Lily C., M.R.C.S. (LOND.), L.R.C.P., D.P.H.; Carey, Albert Stuart, M.B., CH.B. (LEEDS), D.P.H.; Circuitt, Edna, M.B., CH.B. (MANCH.), D.P.H.; Coghill, John George Jamieson, M.B., CH.B. (ABERD.); Coote, Gwendolen Keturah Germaine, M.B., B.S. (LOND.), M.R.C.S., L.R.C.P.; Cummins, Cyril J., M.B., B.S., D.P.H.; Doherty, Desmond James, M.B., CH.B. (LIVERP.), D.P.H.; Dummer, Frederick Henry Macbeath, M.B., CH.B. (ST. ANDREWS), D.P.H.; Evans, Daniel Marcus, M.R.C.S., L.R.C.P. (ENG.), B.SC.; Ford, Alva A., M.B., B.S. (PUNJ.), M.R.C.S., L.R.C.P., D.T.M.; Fraser-Smith, Gerald, M.R.C.S. (ENG.), L.R.C.P.; George, J. T. A., M.B., CH.B. (BIRM.), D.P.H.; Gratton-Smith, Maureen, M.B., B.S., D.P.H.; Heaf, Frederick, M.A., M.D. (LOND.), F.R.C.P.; Jacques, Frederick Viel, M.B., CH.B. (BRISTOL), D.P.H., D.T.M. & H.; Johnston, Hugh Croft, M.B., B.S. (SYDNEY), D.P.H.; Johnstone, Agnes Baird, M.B., CH.B. (GLAS.), D.R.C.O.H.; Jones, Dorothy Dulcie, M.D. (LEEDS), D.C.H.; Karney, Patrick Lawrence, M.B., B.S. (MADRAS), D.P.H.; Knight, Geoffrey Wilfred, M.B., CH.B. (LEEDS), D.P.H.; Lawson, Mary A. H., M.B., D.P.H.; Lebermann, Martha E., M.D. (GENOA); Leedham, Joan Norma, M.B., CH.B. (LEEDS); Levis, Hilda Margaret, M.B., B.S. (LOND.), D.P.H.; Liptrott,

Thomas Hindley, L.D.S. (LIVERP.); McConachie, James William, M.R.C.S. (ENG.), L.R.C.P. (LOND.), D.P.H.; McGregor, William Hector Scott, M.R.C.S. (ENG.), L.R.C.P. (LOND.); MacLennan, Ann Kinloch, M.B., CH.B. (GLAS.), D.P.H.; MacLeod, A. Sheila, M.B., CH.B. (EDIN.), D.P.H.; MacLeod, Ronald Crum, M.B., CH.B. (GLAS.), D.P.H., D.T.M. & H.; Mead, Brenda Margaret, M.B., B.CH. (CARDIFF), D.C.H., C.P.H.; Meikle, Margaret M., M.B., CH.B. (EDIN.), D.P.H.; Mitchell, Mabel E., M.B., CH.B. (GLAS.), D.P.H.; Murray, Ronald Elliott, M.B., D.P.H.; Reed, Enid Ann, B.SC., M.B., B.CH. (WALES), D.C.H.; Rees, Olwen Viven, M.B., B.CH. (WALES); Roberts, Margaret Jones, M.B., CH.B. (LIVERP.), D.P.H.; Sheppard, Vincent Earle Moxey, M.B., B.S.; Smith, Gordon Clive, M.B., B.S. (SYDNEY); Speedy, William J. Y., M.B., B.CH. (BELFAST), F.R.C.P. & S., D.P.H.; Stephen, Margaret George, M.B., CH.B., D.P.H.; Stephens, Lawrence Spencer, M.B., CH.B. (BIRM.), D.R.C.O.G., D.P.H.; Stout, Alta Frances, M.B., CH.B. (EDIN.); Sutton, Harvey, O.B.E., M.D. (MELB.), B.SC., D.P.H., F.R.S.I., F.R.A.C.P.; Terry, Sydney W. W., M.B., B.S. (MADRAS), D.P.H.; Wagland, Wilfrid, L.R.C.P. (LOND.), M.R.C.S. (ENG.); Wallace, Edgar Charles, M.B., B.S., D.P.H.; Welch, George Eric, M.B., B.S. (DURHAM), D.P.H.; Williams, Anna M., M.B., CH.B. (EDIN.), D.P.H.; Wilson, Humbert, M.D.; Wilson, Kathleen Anderson, M.B., CH.B. (DUBLIN), B.A.O., D.P.H.; Wright, Catherine Hutton, M.B., CH.B. (GLAS.), D.P.H.

As Associates.—Cosh, Muriel Strode, B.D.S. (BRISTOL); Grunts, Vera, Doctor of Dental Diseases, University of Latvia.

Several nominations for the next meeting were reported.

The meeting terminated at 1.15 p.m.

COUNCIL MEETING

A meeting of the Council of the Society was held in the Council Room of the B.M.A. on Friday, September 21st, 1951, at 10 a.m.

The Chairman (Sir Allen Daley) presided, and there were also present the President (Dr. J. M. Gibson), Drs. W. Alcock, F. A. Belam, Prof. C. Fraser Brockington, Drs. C. Metcalfe Brown, George Buchan, J. S. G. Burnett, H. D. Chalke, Sir John Charles, Drs. C. K. Cullen, R. H. G. H. Denham, James Fenton, F. Gray, F. Hall, Kathleen M. Hart, A. S. Hebblethwaite, J. A. Ireland, R. H. H. Jolly, J. Maddison, M. Mitman, A. Morrison, A. A. E. Newth, Prof. R. H. Parry, Drs. R. C. M. Pearson, G. H. Pringle, T. Ruddock-West, E. H. R. Smithard, J. A. Stirling, J. A. Struthers, Mr. A. Gordon Taylor, Drs. A. L. Taylor, G. McKim Thomas, E. J. Gordon Wallace, W. S. Walton, Nora Wattie, Ann Mower White, H. C. Maurice Williams, and Prof. G. S. Wilson.

Apologies for absence were received from: Drs. W. G. Clark, T. M. Clayton, I. G. Davies, Miriam Florentin, Cecil Herington, Wyndham Parker, Hugh Paul, P. V. Pritchard, J. C. Sleigh, Andrew Topping, and J. Yule.

195. **Minutes** of the meeting held on July 6th (PUBLIC HEALTH, August, pages 212-214) were confirmed and signed.

196. **Dr. J. Sim Wallace.**—The Chairman (Sir Allen Daley) reported, with regret, the death of Dr. J. Sim Wallace, formerly Dental Surgeon, London Hospital, and formerly an Honorary Fellow of the Society.

197. **Sanitary Inspectors—Relationship with M.O.H.**—It was reported that arrangements had now been made for representatives of the Society (Sir Allen Daley and Dr. J. M. Gibson) and of the B.M.A. to meet officers of the Ministry of Health, to discuss amendments to the Sanitary Officers' Regulations proposed by the Sanitary Inspectors' Association, on October 12th. Drs. J. Maddison and E. H. R. Smithard were asked to prepare a memorandum in answer to the documents already submitted by the Sanitary Inspectors' Association.

198. **Sanitary Inspectors—Working Party.**—A letter dated September 5th from Dr. E. H. R. Smithard, who had been nominated by the Society as a member of the Steering Committee set up by the Ministry in connection with the Working Party on the Training and Qualifications of Sanitary Inspectors, asking for the detailed instructions of the Council with regard to the Society's policy in this matter. It was resolved that the President (Dr. J. M. Gibson) and Drs. J. Maddison, T. Ruddock-West and E. H. R. Smithard be asked to prepare, for submission to the meeting of the General Purposes Committee in October, a draft memorandum to be forwarded to the Working Party.

199. **Whitley Medical Functional Council.**—(*a*) Dr. C. Metcalfe Brown submitted a verbal report on further interpretations which had been made following the second Award of the Industrial Court. The attention of the Council was drawn to the fact that, in spite of an appeal issued in the journal, and also a circular issued by the B.M.A., many M.O.H.s had not forwarded information regarding the decision of their councils on the implementation of the Awards. It was resolved that a further appeal for information be published in the journal and that a letter be forwarded to Branch Secretaries, asking them to refer to the need for this information at Branch meetings.

(*b*) The following resolution, passed at a meeting of the West of England Branch held in July, was received:—

> "The members of the West of England Branch of the Society of Medical Officers of Health consider the award of the Industrial Court to assistant medical officers to be wholly inadequate and urge the Council of the Society to institute negotiations for improvement forthwith."

It was resolved that a formal letter be forwarded to the B.M.A., stating that the Society was dissatisfied with the salary scale for medical officers in departments as determined by the Industrial Court and that the West of England Branch be informed of this action, pointing out that it was the intention of the Staff Side to press for reconsideration of the Scale for these officers as soon as it was felt expedient.

200. **Durham County Council—Closed Shop** (*Min.* 52).—It was reported that the Durham County Council had now given an assurance that, in future, its policy of requiring employees to be members of trade unions or professional organisations will not be applied either to its present M.O.s or to M.O.s appointed in future. Candidates for vacant medical appointments would not be questioned about membership of these associations.

201. **Miss Scotchford** (*Min.* 172).—Certain recommendations of the Hon. Treasurer regarding the method of payment of the lump-sum payment to Miss Scotchford were adopted.

202. **General Practice under the National Health Service** (*Min.* 173).—It was reported that no comments had been received on the draft evidence which was before the last meeting of the Council. It was agreed that a meeting of the Committee appointed to deal with this matter be called to approve the final draft of the evidence for forwarding to the B.M.A. for consideration under the terms of agreement between the Society and the B.M.A.

203. **Tuberculosis Regulations** (*Min.* 176).—A letter dated July 27th from Dr. Godber was received. The letter forwarded the final draft of the new Tuberculosis Regulations, together with a draft circular to local authorities and asked for the Society's comments. This document had been circulated to members of the General Purposes Committee for comment and these comments had been forwarded as an interim reply to Dr. Godber. This action was approved and it was resolved to send a further letter to the Ministry stating that the Society was strongly of the opinion that there was a very definite need for M.O.H.s to keep a tuberculosis register and that the last sentence of the draft circular did not appear to be worded strongly enough to ensure that universal action was taken.

In this connection, a member of the General Purposes Committee had drawn attention to paragraph 6 of Ministry of Health Circular 33/51, dated August 14th, on the notification of infectious diseases and food poisoning. Paragraph 6 contained a note on tuberculosis which the Minister urged should be printed on the cover of the notification forms to assist doctors and to secure uniformity of practice in notifying the disease. It was resolved to draw the attention of the Ministry of Health to the fact that the note in Circular 33/51 appeared to contradict the effect of Article 5 of the new draft regulations and might tend to omit notification of non-respiratory cases or to a general laxity in notifying the disease.

204. **Food and Drugs Bill** (*Min.* 178).—More detailed information from the Ministry of Food regarding certain sections of the proposed Food and Drugs Bill was reported. The Standing Sub-Committee on Food Matters were preparing comments on these proposals.

205. **Medical Women's Federation** (*Min.* 180).—A letter dated June 8th from the Medical Women's Federation had been referred by the Council meeting in July to the M. & C.W. Group for consideration. The Group informed the Council that it fully agreed with the views expressed in the letter. It was resolved that the first part of the letter, dealing with courses for the D.P.H., be referred to the General Purposes Committee for consideration and that the general views expressed in the other two paragraphs of the letter, regarding arrangements for Assistant M.O.s concerned with the health and maternity services and the need for them to attend at hospitals to keep their clinical room up to date, be mentioned in PUBLIC HEALTH.

206. **Quality Milk Production** (*Min.* 185).—The document prepared by Sir William Savage regarding the problems raised by the setting up of a Working Party to examine the question of quality milk production were received and his recommendations approved for forwarding to the Ministry of Agriculture and Fisheries. It was resolved that a letter of thanks be forwarded to Sir William Savage for his advice in this matter.

207. **Administration of Pethidine by Midwives** (*Min.* 190).—A letter dated September 11th from the Home Office, asking

the Society to consider the draft regulations for inclusion in the Consolidated Dangerous Drugs Regulations, was received. It was resolved that the draft regulations be approved subject to an alteration in the regulations to provide that an M.O.H. of a Local Supervising Authority could nominate any M.O. on his staff to act for him in the carrying out of the administration of these regulations.

208. **Leprosy Notification.**—It was reported that arrangements had been made for representatives of the Society to interview Sir John Charles on September 28th.

209. **Membership of Council, 1951-52.**—The list of the members of the Council for the session 1951-52, so far as was then known, was before the Council, and the Council proceeded to the election of members under Article 19 (*d*), (*e*) and (*f*). The following were declared elected:

Article 19 (*d*): Not more than three Fellows of the Association—

Prof. C. Fraser Brockington.
Dr. R. H. H. Jolly.
Dr. Hugh Paul.

Article 19 (*e*): Two representatives nominated by the B.M.A.—

Dr. F. Gray.
Dr. J. A. Ireland.

Article 19 (*f*): Four eminent persons interested in the advancement of Public Health—

Dr. George Buchan.
Sir John Charles.
Dr. A. Topping.
Prof. G. S. Wilson.

The Executive Secretary pointed out that under the requirement of the Companies Act, 1948, Dr. George Buchan could not be reappointed a member of the Council without a special resolution in view of his having reached the age of 70. It was accordingly resolved that Dr. George Buchan be elected a member of the Council of the Society for the session 1951-52, notwithstanding the fact that he was over the age limit prescribed by the Companies Act, 1948, this to be formally confirmed by the annual general meeting.

210. **Retirement of Members.**—The Chairman referred to the changes in the membership of the Council consequent upon the recent elections by Branches and Groups to the Council of the Society. This had resulted in the retirement of the following former members of the Council:—

Dr. F. Hall.
Dr. E. H. R. Smithard.
Dr. J. A. Struthers.
Dr. J. C. Sleigh.
Dr. P. V. Pritchard.
Dr. George Chesney.
Prof. I. G. Davies.
Dr. A. L. Taylor.
Dr. Wyndham Parker.
Dr. A. Morrison.
Mr. J. V. Bingay.

He thanked them for their services and regretted that the Council would no longer have the benefit of their counsel. It was resolved that the Chairman forward a letter conveying the thanks of the Council for their past work to each of these members.

211. **Programme of Council and General Purposes Committee Meetings for Session 1951-52.**—The following programme for meetings of the Council and G.P. Committee during the session 1951-52 was approved:—

1951.

Thursday, October 18th, 5.30 p.m. Ordinary meeting. Installation of new President and Presidential Address.
Friday, October 19th, 10 a.m. General Purposes Committee.
Thursday, November 22nd, 5 p.m. Annual General Meeting. 7 for 7.30 p.m. Annual dinner.
Friday, November 23rd, 10 a.m. Council.
Friday, December 21st, 10 a.m. General Purposes Committee.

1952.

Friday, February 1st, 10 a.m. Council.
Friday, March 7th, 10 a.m. General Purposes Committee.
Friday, May 2nd, 10 a.m. Council.
Friday, July 4th, 10 a.m. Council (in Edinburgh).
Friday, September 19th, 10 a.m. General Purposes Committee.

212. **Annual Dinner.**—It was resolved that the Annual Dinner of the Society be held at the Piccadilly Hotel on Thursday, November 22nd, and that the Minister of Health and Secretary of State for Scotland, in office at that date, be invited to attend as principal guests. Other arrangements for the dinner were left in the hands of the President and Hon. Treasurer, and the Hon. Treasurer was asked to give consideration to the need for an increase in the charge to members in view of the increased charge to be made by the Piccadilly Hotel.

213. **Membership of Hospital Management Committees.**—The following resolution had been passed at a meeting of the County District Group:—

> "That the Council of the Society should consider asking the British Medical Association, when approached by a Regional Hospital Board to submit names of persons for consideration by the Board in respect of vacancies occurring on Hospital Management Committees to request the submission of names from appropriate branches of the Society at the same time as approaching local Medical Committees for the submission of nominations on behalf of the local profession."

It was resolved that this suggestion be forwarded to the Secretary of the British Medical Association.

214. **Toxic Chemicals Used in Agriculture.**—A letter dated July 14th from the Ministry of Food, asking for comments to be forwarded to the Working Party which was considering the possible risks from the use in agriculture of toxic substances on the agricultural and stored product, was received. A request for comments from members had been inserted in the journal, but no comment had been received. It was resolved that the question be referred to the County M.O.H. Group for consideration. Dr. H. C. Maurice Williams undertook to let the Secretary have some information on this matter.

215. **Branch Grants.**—Dr. J. A. Stirling, on behalf of the East Midland Branch, raised the question of the inability of a small Branch, such as his, to cover their necessary expenditure by the present grant received from the Society. It was resolved that the Hon. Treasurer consider this matter and submit a report to Council at a later date.

216. **Education of the Public concerning Cancer.**—A letter dated July 24th from the Central Council for Health Education requested comments on the suggestions which had been drawn up for the conduct of a campaign for the early diagnosis of cancer. It was resolved that the C.C.H.E. be informed that the Society had no comments to make for the time being, but that this matter was being referred to the Research Committee with a request that they consider the question of cancer publicity generally.

217. **Weighing and Measuring Machines for Children.**—The Council had before them the draft standards for weighing and measuring machines for children, prepared by a Committee of the British Standards Institution. It appeared that the British Standards Institution had received comments from other quarters and were preparing fresh draft standards. It was resolved that a letter be addressed to the British Standards Institution asking that copies of the new draft standards be forwarded to the Society in plenty of time for the matter to be fully considered.

218. **Duties of Divisional or Area Medical Officers.**—The following resolution, passed by the Executive Committee of the County District Group, was referred to the County M.O.H., M. & C.W. and School Groups for comment:—

> "That where the Medical Officer of Health of one or more districts is also Area Medical Officer it is in the interests of the Personal Health Services that he should be responsible for both the Part III Services of the National Health Service Act and the School Health Service in his area." This bears out the hope expressed in paragraph 7 of Ministry of Health Circular 27/51, entitled "Medical Officers of Health and Sanitary Inspectors. Procedure for filling vacancies in these offices."

219. **Administration of Children's Homes Regulations.**—The Northern Branch drew attention to the requirement in these Regulations that the person in charge must notify the Home Secretary of any outbreak of gastro-enteritis or other infectious disease amongst the children. The Branch suggested that this requirement might weaken the position of M.O.H.s and their Local Authorities and questioned whether there was any need for such notifications to the Home Office. The Council considered that the Home Office were entitled to get such information and that the position of local authorities would not be weakened by these requirements.

220. **Draft School Building Regulations.**—Members were reminded that at the Council meeting held in Leeds Dr. Newth had drawn attention to the fact that the Society had not been consulted regarding the new School Buildings Regulations. Copies of the draft Regulations had been obtained from the Ministry of Education and comments prepared by the School Health Service Group had been forwarded to the Ministry of Education. (*Appendix A.*) It was resolved to enquire whether

the Medical Advisory Committee to the Minister was still in existence, as it appeared that regulations were being issued by the Ministry without full regard being paid to medical aspects.

221. **Meteorological Tables.**—A letter dated August 8th from the office of the Registrar-General was received asking for the comments of the Society on certain proposals regarding the meteorological tables to be published in Part I of the Annual Review of the Registrar-General. It was resolved that the Registrar-General be informed that the Society had no adverse comments to make on the proposals.

222. **Central Midwives Board.**—A letter dated August 10th was received from the Ministry of Health setting out the proposed reconstitution of the Central Midwives Board under Section 1 of the Midwives (Amendment) Act, 1950. It was resolved that the Ministry be informed that the Society was gratified to note that the direct representation of the Society was continued in the new constitution.

223. **National Assistance Act, 1948.**—The attention of the Council was drawn to Circular 37/51, issued by the Ministry of Health regarding the removal of persons in need of care and attention.

224. **Annual Reports of Medical Officers of Health.** — The attention of members was drawn to the letters sent to the Clerks of Local Authorities by the Ministry of Health regarding the late publication of annual reports of M.O.H.s. It was resolved that a letter be addressed to the Registrar-General and the Ministry of Health objecting to this course of action and pointing out that lateness in the issue of these reports was generally due to the late supply by the Registrar-General of the population figures and other statistics needed before many sections of the report could be written.

225. **Mixed Appointments in the Metropolitan Area.**—A letter dated September 12th from the Middlesex Local Sanitary Authorities M.O.H.s, regarding mixed appointments in the Metropolitan area, was referred to the General Purposes Committee for consideration.

226. **Standing Sub-Committee on Food Matters.**—It was reported that the Standing Sub-Committee on Food Matters was dealing with requests for observations from the Ministries of Health and Food on the following matters :—

(*a*) Standards for fish cakes.
(*b*) Standards for coffee mixtures.
(*c*) Standards for synthetic and artificial cream.
(*d*) The proposed amendment of the ice-cream (heat treatment) Regulations.
(*e*) Recommendations for limits for copper in foods.

227. **Medical Record Cards.**—A letter dated September 7th from Dr. B. A. Astley-Weston (Bath) was received. The letter asked that consideration be given to the possible amalgamation of record cards used in the M. & C.W., Child Welfare Service and School Health Service. It was resolved that the letter be referred to the M. & C.W. and School Health Service Groups for consideration.

228. **Delegation of Powers by County Councils.**—The attention of members was drawn to Ministry of Local Government and Planning Circular No. 56/51, dated September 10th, 1951.

229. **Research Committee.**—A verbal report of the meeting of the Research Committee which had been held on the previous day was received. A full report of the meeting is attached. (*Appendix B.*)

230. **Representation of the Society.**—Requests for the appointments of representatives of the Society were received and decided upon as follows :—

(*a*) *Royal Sanitary Association of Scotland.* Annual Congress, Aberdeen, October 1st to 5th. Dr. R. H. G. H. Denham.
(*b*) *British Council for Rehabilitation.* Deferred until the first meeting of the new Council in November.
(*c*) *Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.* Two representatives for three years from January 1st, 1952. Dr. J. S. G. Burnett and G. Hamilton Hogben re-elected.
(*d*) *Ice-Cream Alliance.* Congress at Margate. No representative.

231. **Recommendations for Fully-Paid Life Membership.**—The following recommendations for Life Membership from the Branches and Groups indicated were confirmed for election at the next Ordinary meeting of the Society :—

Home Counties' Branch.
Dr. T. Philips Cole, formerly M.O.H., Beckenham M.B. Joined the Society 1923.
Dr. T. J. Nicholl, formerly M.O.H., Dover M.B., and East Kent C.S.D. Joined the Society 1920.
Welsh Branch.
Dr. N. Tattersall, formerly P.M.O., Welsh National Memorial Association. Joined the Society 1921.
Dr. H. E. Watson, formerly Medical Superintendent, South Wales Sanatorium. Joined the Society 1920.
West of England Branch.
Mr. R. J. Inder, L.D.S., formerly County Dental Surgeon, Devon C.C. Joined the Society 1921.

The meeting was declared closed at 12.45 p.m.

Appendix A

DRAFT SCHOOL BUILDING REGULATIONS
LETTER TO THE MINISTRY OF EDUCATION

First, it is regretted that the Society was not given an earlier opportunity of commenting on this draft in view of the fact that many of the matters dealt with have medical implications and are of direct concern to School Medical Officers. As I explained, the Society became aware of the proposal to make new regulations only because one or two School Medical Officers were consulted by their chief education officers arising from an enquiry from the Association of Municipal Corporations. We should be most grateful if it could be ensured that such matters are referred to this Society direct, so that the representative views of School Medical Officers can be sent forward. This has been the usual practice of the Ministry and we are obliged to you in this instance for arranging even a late opportunity for submission of our views.

With regard to the present draft regulations, owing to the shortness of the time available for their study, it is impossible to give detailed suggestions for amendment, but I am asked to say that, in our view, several points call for criticism from the medical angle, particularly :

(*a*) The vagueness of paragraph (12) regarding the Medical Room and to the lack of provision for waiting space for pupils awaiting medical examination and for their parents.

(*b*) The insufficiency of the requirements (paragraphs (7) and (8)) for sanitary and washing accommodation, particularly in view of the popularity of school meals.

(*c*) The lack of guidance in paragraphs (10), (14) and (23) as to the need for sanitary and washing provision for kitchen staff, in view of the high risk of food-poisoning outbreaks emanating from school kitchens. The importance of proper food storage and preparation rooms seems also to have been overlooked.

Whilst we recognise the present needs for restriction of capital expenditure, we believe that "savings" on such items as the above are false economy, bearing in mind the known risks of any but the best standards in these matters affecting the health of the scholars and the general hygiene of schools.

Appendix B

ADVISORY COMMITTEE ON RESEARCH

1. The first meeting of this Committee was held at the Society's office on Thursday, September 20th, at 4 p.m.

Present : The President (Dr. J. M. Gibson), Sir Allen Daley, Drs. H. D. Chalke, Miriam Florentin and H. C. Maurice Williams.

Dr. Gibson was elected to the chair, which he accepted for the time being on the understanding that the chairmanship would be reconsidered when the Committee again met with co-opted members.

2. **The notice of appointment and terms of reference** of the Committee were received as follow :

G.P. (130).—The General Purposes Committee considered the question of appointment of a Committee to consider suggestions of subjects for research which had been referred to them by the Council at its meeting of February 6th. It was resolved that the following be appointed as a committee to co-ordinate and encourage research : The President (Dr. J. M. Gibson), Chairman of Council (Sir Allen Daley), Chairman of the G.P. Committee (Dr. H. C. Maurice Williams), Drs. H. D. Chalke and Miriam Florentin—with power to co-opt.

The Committee was reminded that the initiative for its setting up was a recommendation from a joint meeting of the County and County Borough M.O.H. Groups in November, 1950, that the Society should endeavour to be co-sponsors in national enquiries involving the use of public health staffs and information from health departments. The Council subsequently invited Branches and Groups to submit suggestions for research.

3. **Title, Purpose and Scope of the Committee.** It was resolved to report to the Council, for approval, the following definition of what was considered to be the Committee's functions, so that there should be no misunderstanding as to its scope :—

(*Continued on page 38*)

(*a*) The title of the Committee should be "The Advisory Committee on Research."

(*b*) Its main function should not be to initiate research or to conduct actual enquiries. The Society of Medical Officers of Health has not the staff or resources for such purposes, and there are bodies and foundations, *e.g.*, the M.R.C., Nuffield Foundation, University Departments and Institutes, which are equipped and intended for them.

(*c*) Its main function should be to act as a "clearing house" for researches and enquiries which involve the assistance of M.O.H.s and the staffs of public health departments; to inform and advise members of the Society who request guidance as to research projects; and to try to avoid duplication and overlapping in research.

(*d*) Large-scale enquiries which make calls on the aid of P.H.D.s should be actively co-sponsored by the Society, which should have direct representation on the organising committees, if the Society's Committee considers that they will serve a useful purpose.

(*e*) No action taken by the Society's Committee should infringe the discretion of any M.O.H. to make his own decision whether or not his department shall co-operate in any enquiry.

4. **Enquiries with which the Society is associated** were noted as follow:—

(i) Rubella and other virus infections incurred during the early months of pregnancy—Initiated by the Ministry of Health and General Register Office.

(ii) Poliomyelitis, virology and epidemiology—Initiated by the Ministry of Health and Medical Research Council.

In connection with the above, it was felt that though the Society had been consulted at the initial stage, it would be useful if a regular link with the organisers could be established during the progress of the investigations, either by appointment of a representative of the Society to the organising body or by co-option to the Society's own Committee.

(iii) Survey of child development—Initiated in 1949 by the Ministries of Health and Education and British Paediatric Association and being carried out in selected welfare centres of eleven local authorities. Dr. Ann Mower White was appointed to the Organising Committee by the Chief Medical Officer on the Society's recommendation.

(iv) Cancer cases nursed at home—Initiated by the Marie Curie Memorial and Queen's Institute of District Nursing.

5. **Other Projects.**—The Committee received information of the following projects which are in hand amongst members of the Society:—

(i) Infant morbidity and mortality survey—Initiated by Prof. Grundy, Cardiff; some 14 public health departments taking part.

(ii) Births, stillbirths, infant deaths and deaths from specified causes to be analysed by social class and type of house—Initiated by Dr. Smithard, Lewisham; 12 M.O.H.s of boroughs with populations between 200,000 and 300,000 co-operating.

(iii) Enquiries by the East Anglian Branch in co-operation with the Department of Human Ecology, Cambridge University:

(*a*) Follow-up of high-grade E.S.N. children, with special reference to the aspect whether educated at ordinary or special schools.

(*b*) Ascertainment over a period of years of the condition of children before and after tonsillectomy.

6. **Breast-Feeding and Breast Cancer.**—A request for assistance was received from Mr. Hedley Atkins, F.R.C.S., Director of the Department of Surgery, Guy's Hospital, in connection with a long-term enquiry into a possible connection between human breast milk and development of breast cancer in later life. For this purpose it is desired to follow up infants who have at no time been breast-fed into their adult lives. Mr. Atkins has been advised that a panel of 5,000 such infants should be obtained and would be grateful for the help of M.O.H.s of large authorities. A pilot survey has been carried out with the aid of Warwickshire Health Department. The Committee have asked Dr. Florentin to represent them on Mr. Atkins's organisation.

7. **Co-options.**—The Committee decided to co-opt the following, if willing to serve:—

Dr. W. H. Bradley (Ministry of Health).
Col. A. E. Campbell (Professor of Army Health).
Dr. H. M. Cohen (School M.O., Birmingham).
Dr. H. K. Cowan (M.O.H., Essex).
Prof. F. Grundy (Cardiff).
Prof. Bradford Hill (or Dr. D. D. Reid).
Dr. M. Mitman (Cons. Phys. and Med. Supt., River Hospitals).
Prof. G. S. Wilson (or Dr. Charles Cockburn).

8. A number of items were deferred for consideration at the next meeting. A verbal report of this first meeting would be submitted to the Council at its meeting next morning, September 21st.

EAST ANGLIAN BRANCH

President: Dr. R. A. Leader (M.O.H., Ipswich County Borough).

Hon. Secretary: Dr. A. Joan Rae (D.C.M.O.H., West Suffolk).

A meeting of the Branch was held on Saturday, October 6th, 1951. The President, Dr. R. A. Leader, kindly arranged for M.V. *River Lady II* to be at the disposal of the members of the Branch and their families for the afternoon, and about 50 persons embarked at 2 p.m.

The weather was warm and sunny and the beautiful scenery of the Orwell estuary was seen at its best as *River Lady* proceeded towards the sea. Mr. E. J. Booty, of Ipswich, kindly pointed out places of interest and gave a short talk on the history of the river.

As the boat returned to the jetty, a hearty vote of thanks was accorded to Dr. Leader for a most enjoyable afternoon.

WELSH BRANCH

President: Dr. D. E. Parry-Pritchard (C.M.O.H., Caernarvonshire).

Hon. Secretary: Dr. Mary Lennox (M.O.H., Barry M.B.).

The annual meeting of the Branch was held at the Institute of Preventive Medicine, Cardiff, on Friday, July 20th, 1951, at 6.30 p.m.

The minutes of the meeting held on February 23rd, 1951, and of the week-end meeting at Llandrindod Wells (May 19th and 20th, 1951) were read and approved.

The members considered the appointment of officers for the ensuing session 1951–52 and the following appointments were made.

President.—Dr. W. Powell Phillips, Deputy Medical Officer of Health, City of Cardiff.

Hon. Secretary.—Dr. R. T. Bevan, Deputy Medical Officer of Health, Glamorgan County Council, Cardiff.

Representative on Council.—Dr. G. McKim Thomas, Cardiff Rural District Council.

Representatives on Tuberculosis Group.—Dr. T. W. Davies, Chest Physician, Cardiff; Dr. S. H. Graham, Chest Physician, Swansea.

Public Health Representatives on Council of the South Wales and Monmouthshire Branch of the British Medical Association.—Dr. J. Greenwood Wilson, Medical Officer of Health, City of Cardiff; Dr. G. McKim Thomas, Medical Officer of Health, Cardiff Rural District Council; Dr. R. T. Bevan, Deputy Medical Officer of Health, Glamorgan County Council.

The programme for the next session was referred to a sub-committee.

Printed by H. R. Grubb, Ltd., Croydon, and Published by The Society of Medical Officers of Health, Tavistock House South, Tavistock Square, W.C.1.